173-8B

Department of Health & Mental Hygiene, Vital Records

Birth Certificates

Baltimore City

STATE OF MARYLAND

HR-RM 26
(5-1-54)
Hall of Records Commission

FILE ARRANGEMENT

Numerical Order

Some Birth Certificates are missing at time of filming and have been Lost

STATE OF MARYLAND

HR-RM 28
(2-1-54)
Hall of Records Commission

CERTIFICATION

This is to certify that the microphotographs appearing on this reel are accurate and complete reproductions of the file

Birth Certificates Baltimore City
(Name of file)

of DHMH Vital Records.
(Agency)

This microfilming is being performed with the assistance of the Hall of Records Commission, Records Management Division. (Chapter 436, Acts of 1953).

Sunhild D Bolander

Date July 27, 1978

STATE OF MARYLAND

HR-RM 36
(4-1-54)
Hall of Records Commission

1897 RETURN OF A BIRTH 8[illegible]

9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 10, 1897
4. Place of Birth, (Street and Number) 69 Payson St.
5. Full Name of Mother, Eliza K. Harrison
6. Mother's Maiden Name, " " Morris
7. Mother's Birthplace, Dorchester Co. Md.
8. Full Name of Father, Wm. Edw'd Harrison
9. Father's Occupation Meat Cutter
10. Father's Birthplace, Talbot Co. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks, 8970005600

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 81856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c,) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 11. 1897
4. Place of Birth, (Street and Number) 1019 McDonogh St.
5. Full Name of Mother, Mary Zucker
6. Mother's Maiden Name, " Magersupp
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Wm. F. Zucker
9. Father's Occupation Tile & Slate roofer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman Mt.

Address, 1121 Marolina St.

Remarks,

8970005601

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 17. 1897
4. *Place of Birth, (Street and Number)* 1532 N. Regester st.
5. *Full Name of Mother,* Maggie J. Lutz
6. *Mother's Maiden Name,* D. " Dight
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Louis Augustus Lutz
9. *Father's Occupation* Insurance Collector
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Caroline st.

Remarks,

8 9 7 0 0 0 5 6 0 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

85567

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female - Dorothy A. Hempling
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 17, 1897
4. Place of Birth, (Street and Number) 1834 Hopkins Ave.
5. Full Name of Mother, Emma Margaret Hempling
6. Mother's Maiden Name, " " Wagandt
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Henry Hempling
9. Father's Occupation Clothing Cutter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, F. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks, Full name of child added by father upon applying for a transcript. - F. E. Wiley - June 22 - 1927.

Henry Hempling
Father's Signature

8 9 7 0 0 0 5 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

85568

RETURN OF A BIRTH.

GIVEN NAME ADDED 8-5-66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: FREDERICK CLEVER ~~BALD~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 12, 1897
4. Place of Birth, (Street and Number) 110 Ostend Street Balti
5. Full Name of Mother, Elizabeth Bald
6. Mother's Maiden Name, Elizabeth Krise
7. Mother's Birthplace, Emmitsburg Md.
8. Full Name of Father, Fred. W. Bald
9. Father's Occupation, Minister of Gospel
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. H. J. Evans

Address, N E Cor Carey & Fayette St.

Remarks,

8 9 7 0 0 0 5 6 0 4

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] schedule shall contain a list of the births which have occurred, under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

$5489

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* August 5 1896
4. *Place of Birth, (Street and Number)* 5 E Bradford street
5. *Full Name of Mother,* Fannie Harriett
6. *Mother's Maiden Name,* Fannie Brown
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Ormstead Harriet
9. *Father's Occupation* Stevedor
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Savanah A Jones

Address, 525 Patterson Park Ave

Remarks, Very Robust

1897 0005605

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

84570

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 25/97
4. Place of Birth, (Street and Number) 622 S. Eutaw St.
5. Full Name of Mother, Julia F Bradley
6. Mother's Maiden Name, " " Carrick
7. Mother's Birthplace, Prince George Co Md
8. Full Name of Father, J. M. Bradley
9. Father's Occupation Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Thos M Lumpkin

Address, 412 S. Paca St.

Remarks,

8970005606

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1335.]

(over)

RETURN OF A BIRTH.

85877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Edward Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 25/97.
4. *Place of Birth, (Street and Number)* 625 W Hamburg St.
5. *Full Name of Mother,* Annie V. Smith
6. *Mother's Maiden Name,* " " McGeary
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* M Clifton Smith
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos M Lumpkin

Address, 412 S Paca St

Remarks,

8970005607

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 4/97
4. Place of Birth, (Street and Number) 1121 E. North Ave
5. Full Name of Mother, Laura Guy
6. Mother's Maiden Name, Green
7. Mother's Birthplace, Balto
8. Full Name of Father, John Guy
9. Father's Occupation Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Preston St

Remarks,

847U005608

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug 7/27
4. Place of Birth, (Street and Number) 1006 E. Lombard
5. Full Name of Mother, Gustie Kilian
6. Mother's Maiden Name, Hollenbach
7. Mother's Birthplace, Balto
8. Full Name of Father, George Kilian
9. Father's Occupation Printer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jas. B. Billingsley

Address, 1206 E. Baltimore St

Remarks,

8970005609

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

S65574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color. (if not of the white race) white

3. Date of Birth, Aug 30/97

4. Place of Birth, (Street and Number) 1616 N. Spring

5. Full Name of Mother, Sarah J. Campbell

6. Mother's Maiden Name, Cook

7. Mother's Birthplace, Wilmington, Del

8. Full Name of Father, Andw J. Campbell

9. Father's Occupation Finisher

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. O. Billingslea

Address, 1206 E. Baltimore St

Remarks,

8970005610

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

CERTIFICATE CORRECTED 2-6-51

86575

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Catherine Edna Eiermann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 23, ~~(Aug 8)~~ 97
4. Place of Birth, (Street and Number) 1001 E Preston st
5. Full Name of Mother, Mary Eiermann
6. Mother's Maiden Name, Parrish
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm J. Eiermann
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. B. Billingsley

Address, 1206 E. Preston st

Remarks,

8970005611

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Aug 28/97
4. Place of Birth, (Street and Number) S.W. Baltimore & Bond sts
5. Full Name of Mother, Jennie Stephens
6. Mother's Maiden Name, Jenkins
7. Mother's Birthplace, Balto
8. Full Name of Father, Felix Stephens
9. Father's Occupation Grocer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Preston St

Remarks,

8477 0005612

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236

RETURN OF A BIRTH. 85576

GIVEN NAME ADDED. 2-18-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Marie Dunphy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, September 1 1897
4. Place of Birth, (Street and Number) 1907 Montrose St.
5. Full Name of Mother, Annie Dunphy.
6. Mother's Maiden Name, " Alter
7. Mother's Birthplace, Phila., Pa.
8. Full Name of Father, Harry T. Dunphy.
9. Father's Occupation Fish-dealer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Tho. Cooke

Address, 714 N

Remarks,

8 9 7 0 0 0 5 6 1 3

Wm. J. C... and Stationers.

...seen conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 85577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 1 of September.
4. *Place of Birth, (Street and Number)* 2132 Elliot St.
5. *Full Name of Mother,* Margi Lidard.
6. *Mother's Maiden Name,* = Louis.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles Lidard.
9. *Father's Occupation* Box maker.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss. Beh

Address, 613 port St.

Remarks,

8 9 7 U 0 0 5 6 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 1st 1892
4. Place of Birth, (Street and Number) 1113 E. N. Avenue
5. Full Name of Mother, Fannie Goldman
6. Mother's Maiden Name, " Gurantz
7. Mother's Birthplace, Russia
8. Full Name of Father, A. Goldman
9. Father's Occupation, Presser
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Feldman

Address, 1013 E. Lombard St.

Remarks,

8970005615

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

[...RM 1236.]

[illegible] a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th September 1897
4. *Place of Birth, (Street and Number)* 603 W. Lee St
5. *Full Name of Mother,* Annie Mitchell
6. *Mother's Maiden Name,* Annie Doherty
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Matthew Mitchell
9. *Father's Occupation* Piano Polisher
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E. J. Brooks

Address, 828 Light St

Remarks, Doing Well

8970005616

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1th September 1892
4. *Place of Birth, (Street and Number)* 1834 Light St
5. *Full Name of Mother,* Ida V Shilingburg
6. *Mother's Maiden Name,* Ida V Comers
7. *Mother's Birthplace,* Nothern
8. *Full Name of Father,* William G Shilingburg
9. *Father's Occupation* Inchunest
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, C L Brooks

Address, 1428 Light St

Remarks, Doing Well

8 9 7 0 0 0 5 6 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85-581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1 September
4. *Place of Birth, (Street and Number)* 1450 Towson St.
5. *Full Name of Mother,* Mary A. Sughrue
6. *Mother's Maiden Name,* " A. Mosley
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Patrick Sughrue
9. *Father's Occupation* Laboar
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Rob. Mason

Address, 1331 Hull St. Locust Point

Remarks,

8970005618

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1286.]

RETURN OF A BIRTH. 85-582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 1st 1897
4. Place of Birth, (Street and Number) No. 6 Meamphels lane
5. Full Name of Mother, Eva E Schade
6. Mother's Maiden Name, Eva E de Luna
7. Mother's Birthplace, New-Orleans
8. Full Name of Father, Henry E Schade
9. Father's Occupation Laborer
10. Father's Birthplace, Washington, D.C.

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No. 512 Frederick Ave

Remarks, 8 9 7 0 0 0 5 6 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85583

CERTIFICATE CORRECTED 1-11-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Ellen Connolly

Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

x, (state whether male or female) Female

ce or Color, (if not of the white race) White

te of Birth, September 1 1897

ace of Birth, (Street and Number) Baltimore 64 Carrollton Ave

ll Name of Mother, Katie ~~Brown~~ Connolly

her's Maiden Name, Katie McKeown

her's Birthplace, Baltimore

ll Name of Father, Mike ~~Brown~~ Connolly

her's Occupation Boiler maker

her's Birthplace, Baltimore

ne of Medical Attendant, or other person who makes this Return. Mrs. Ruth Cathcart

ress, No. 124 Monroe St

arks,

8 9 7 U 0 0 5 6 2 0

ity Printers and Stationers.

RETURN OF A BIRTH 85-584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 1-97
4. *Place of Birth, (Street and Number)* 1707 Druid Hill Ave
5. *Full Name of Mother,* Charlotte A. A. Reid
6. *Mother's Maiden Name,* Allnutt
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Benj. A. Reid
9. *Father's Occupation,* Type Setter
10. *Father's Birthplace,* Alabama

Name of Medical Attendant, or other person who makes this Return. J. Wm Funck Md

Address, DR. J. WM. FUNCK, 101 N. FULTON AVENUE, BALTIMORE.

Remarks,

8 9 7 0 0 0 5 6 2 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] of superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8586

~~8586~~

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Mail
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	Sept 11 1897
4. *Place of Birth, (Street and Number)*	210 W Lemon
5. *Full Name of Mother,*	Hattie Lee
6. *Mother's Maiden Name,*	Hattie Scott
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Dilby [illegible] Scott
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Accomack Co, Virginia
Name of Medical Attendant, or other person who makes this Return,	Sarah Thomson
Address,	213 W York St
Remarks,	None

B 9 7 0 0 0 5 6 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 85586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male - Ludwig Dalhoff
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 1st 1897
4. Place of Birth, (Street and Number) 1300 Beason St
5. Full Name of Mother, Elizabeth Dalhoff
6. Mother's Maiden Name, Elizabeth Kirschmann
7. Mother's Birthplace, Indiana
8. Full Name of Father, Henry Rev. H. Dalhoff
9. Father's Occupation Minister
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Edwin K. Ballard M'D.

Address Given name added by mother.

Remarks, G E Wehn - Reg.

Elizabeth Dalhoff mother June 11 - 1938

Affidavit in document file from mother. Filed by Reg. No 85586

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Tulany Co., City Printers and Stationers.

1286

RETURN OF A BIRTH. 85587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) Name of Child: William Henry Slaaman

1. Sex, (~~state whether male or~~ (female)) Mall
2. ~~Race or Color~~, (~~if not of the white race~~)
3. Date of Birth, September 2. 1897
4. Place of Birth, (Street and Number) 509 23rd St.
5. Full Name of Mother, Ida L. (Slaysman) Slaaman
6. Mother's Maiden Name, " " (Henry) Henry
7. Mother's Birthplace, Virginia
8. Full Name of Father, Wm. L. (Slaysman) Slaaman
9. Father's Occupation, Book-Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Theodore Carter M.D.

Address, 914 N. Charles St

Remarks,

8970005624

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] 1236.]

RETURN OF A BIRTH. 85588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White Child
3. *Date of Birth,* 2th September
4. *Place of Birth, (Street and Number)* Fort Ave No 1400 S. P.
5. *Full Name of Mother,* Mar. Cramschufer.
6. *Mother's Maiden Name,* " Römmel
7. *Mother's Birthplace,* Germaina
8. *Full Name of Father,* Aug Cramschufer
9. *Father's Occupation* Saloon keeper
10. *Father's Birthplace,* Germaina

Name of Medical Attendant, or other person who makes this Return, Lizzie Schaeffler

Address, No 1408 Fort Ave S. P.

Remarks,

8 9 7 0 0 0 5 6 2 5

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) negro
3. Date of Birth, September 2nd 1897
4. Place of Birth, (Street and Number) 22½ Hunter's alley,
5. Full Name of Mother, Annie Bell Summers
6. Mother's Maiden Name, " " Arrighton.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Robert Summers,
9. Father's Occupation Waiter
10. Father's Birthplace, Virginia.

Name of Medical Attendant, or other person who makes this Return, J. Ward Magruder, M.D.

Address, 2433 St. Paul St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005626

RM 1236

RETURN OF A BIRTH. 85590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 th September
4. Place of Birth, (Street and Number) No 827 Mc Henry Str
5. Full Name of Mother, Mollie Owens
6. Mother's Maiden Name, Kelly
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William Thom Owens
9. Father's Occupation Driver
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischoff

Address, No 731 St Peter Str.

Remarks,

8 9 7 0 0 0 5 6 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 2nd 1897.
4. *Place of Birth, (Street and Number)* 1814 E Madison street
5. *Full Name of Mother,* Maggie May Eastwood
6. *Mother's Maiden Name,* Maggie May Tucker
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Alfred F. Eastwood
9. *Father's Occupation* Motorman Central R.W.
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return James E. Whitefordman

Address, 819 Aisquith street

Remarks,

8970005628

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85-592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First —

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Sept. 2nd 1897
4. *Place of Birth, (Street and Number)* 1037 Wilmot St —
5. *Full Name of Mother,* Kate Leppert —
6. *Mother's Maiden Name,* Schafer
7. *Mother's Birthplace,* Balto. City —
8. *Full Name of Father,* Andrew Leppert —
9. *Father's Occupation,* Cigar Manufacturer
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return. Paul F. De Ford M. D.

Address, 1012 Wilmot St —

Remarks, As in all cases coming in my hands — instilled Argent. Nit 5 grs to 3 j 4 pins [illegible] 2 of baby — [illegible] should be [illegible]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

FORM 1236.]

RETURN OF A BIRTH. 85593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 September 1897
4. Place of Birth, (Street and Number) 528 William St
5. Full Name of Mother, Sarah E Riggin
6. Mother's Maiden Name, Sarah E Willett
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Charles H Riggins
9. Father's Occupation Clerk
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E L Brooks

Address, 522 Light St

Remarks, Dang Well

8 7 7 0 0 0 5 6 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[...]RM 1236.]

[...] contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2th September 1897
4. *Place of Birth, (Street and Number)* 642 Light St
5. *Full Name of Mother,* Jane Pidings
6. *Mother's Maiden Name,* Jane Dowell
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* George Pidings
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Ind

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 828 Light St

Remarks, Doing Well

8970005631

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM

KODAK

RETURN OF A BIRTH. 85575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* Corled
3. *Date of Birth,* 2 Sep
4. *Place of Birth, (Street and Number)* N. 810 Stirling St
5. *Full Name of Mother,* Clara Collins
6. *Mother's Maiden Name,* Clara Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Moses Collins
9. *Father's Occupation* labor
10. *Father's Birthplace,* Ponker Worchester

Name of Medical Attendant, or other person who makes this Return, Maria Wright

Address, N 814 Enson St

Remarks,

8 9 7 0 0 0 5 6 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1286.]

RETURN OF A BIRTH. 85596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 2 - 1897
4. *Place of Birth, (Street and Number)* 201 S. Dallas St.
5. *Full Name of Mother,* Lizzie Hacke
6. *Mother's Maiden Name,* Gabel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chyler Hacke
9. *Father's Occupation* Floor Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1927 E. Pratt St.

Remarks,

8970005633

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 85547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 2nd. 1897
4. Place of Birth, (Street and Number) 308 E. North Ave.
5. Full Name of Mother, Laura Marie Taylor
6. Mother's Maiden Name, Janes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert H. Taylor
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Walter Bolgiano M.D.

Address, 2020 N. Charles St.

Remarks,

8 7 7 0 0 5 6 3 4

been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 2
4. *Place of Birth, (Street and Number)* 853 S. Dallas St.
5. *Full Name of Mother,* Nettie Schiekton
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Frank Schiekton
9. *Father's Occupation*
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Rett

Address, 838 S. Bond St.

Remarks,

8 9 7 U0 0 5 6 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

Any person in charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White Child
3. *Date of Birth,* 3th September
4. *Place of Birth, (Street and Number)* Hall St. No 1306 L.B.
5. *Full Name of Mother,* Elisabeth Morgans
6. *Mother's Maiden Name,* " Jones
7. *Mother's Birthplace,* South Wales
8. *Full Name of Father,* John Morgans
9. *Father's Occupation* Labor
10. *Father's Birthplace,* South Wales

Name of Medical Attendant, or other person who makes this Return, Lizzie Schaeffer

Address, No. 1708 Fort Ave L.B.

Remarks,

8 7 7 0 0 0 5 6 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 85600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept. 3. 1897
4. *Place of Birth, (Street and Number)* #18 Gaither St
5. *Full Name of Mother,* Elizabeth Jones
6. *Mother's Maiden Name,* " " Patterson
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Elic Jones
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, #8 North St Hampden Bal City

Remarks, well

8970005637

months, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, the number of children born to the mother, and the number of the births which have occurred under his or her care during the preceding twelve

1236.]

RETURN OF A BIRTH. 85601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 3th sept
4. Place of Birth, (Street and Number) 516 Eden St.
5. Full Name of Mother, Susie Dixon
6. Mother's Maiden Name, Susie Patterson
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Joseph Dixon
9. Father's Occupation Labor
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 815 N. Gallis St

Remarks, doing very well

8 7 7 0 0 0 5 6 3 8

(Note, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifry, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 85602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3d Sept
4. Place of Birth, (Street and Number) 573. E. Monument St.
5. Full Name of Mother, Katy Dunn
6. Mother's Maiden Name, Katy Barrey
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Bernard Dunn
9. Father's Occupation Plumer
10. Father's Birthplace, Baltimore md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Zink midwife.

Address, 1417. E Eager St.

Remarks,

8970005639

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

RETURN OF A BIRTH. 85603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1135 William
4. *Place of Birth, (Street and Number)* September 3rd 1899
5. *Full Name of Mother,* Mary Bruner
6. *Mother's Maiden Name,* Mary Younger
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* George Bruner
9. *Father's Occupation* Collector
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E. A. Brooks

Address, 1828 Light St

Remarks, Damp Well

8970005640

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 85604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th September 1897
4. Place of Birth, (Street and Number) 1129 Riverside Ave
5. Full Name of Mother, Fannie Meyed
6. Mother's Maiden Name, Fannie Wright
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Francis Meyed
9. Father's Occupation Black Smith
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E. L. Brooks

Address, 1828 Light St

Remarks, Dang Well

8970005641

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 85605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 23 1897
4. *Place of Birth, (Street and Number)* 269 Duncan Alley
5. *Full Name of Mother,* Sophie Hejl
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Joseph Hejl
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Kopka

Address, 205 N Washington St

Remarks,

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 7 0 0 0 5 6 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 85606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 3
4. Place of Birth, (Street and Number) 866 S. Bond Dallas St.
5. Full Name of Mother, Katie Kotalik
6. Mother's Maiden Name, Hanrich
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Vaclav Kotalik
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Pritt

Address, 838 S. Bond St.

Remarks,

8 9 7 0 0 0 5 6 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 4 — 97
4. Place of Birth, (Street and Number) 2038 Bolton av
5. Full Name of Mother, M. Lowenthal
6. Mother's Maiden Name, M. Wallerstein
7. Mother's Birthplace, Balto
8. Full Name of Father, Abr. Lowenthal
9. Father's Occupation Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Joseph Blum

Address, 1816 Madison av

Remarks,

87/000564

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] each and every month to the office of the [illegible] in [illegible] the birth [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH. 85609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 4th 1897
4. *Place of Birth, (Street and Number)* 509 Grant St
5. *Full Name of Mother,* Annie A Spencer
6. *Mother's Maiden Name,* Annie A Collins
7. *Mother's Birthplace,* Baltimore Co
8. *Full Name of Father,* James B Spencer
9. *Father's Occupation* Professor of Music
10. *Father's Birthplace,* Lower Delaware

Name of Medical Attendant, or other person who makes this Return, Mary Horsey

Address, 1809 Lorman St

Remarks,

8970005645

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85610

GIVEN NAME ADDED 8-25-1964

To the Office of Registrar of Vital ~~Statistics, Board of~~ Health, Baltimore City.

Name: William ~~Lester~~ Thompson

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, Sept 4 1897 = 4 55 P.M.
4. Place of Birth, (Street and Number) 2219 Jefferson St
5. Full Name of Mother, Phenie Thompson
6. Mother's Maiden Name, " Males
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm B. Thompson
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 25 W Preston St

Remarks,

8 9 7 0 0 0 5 6 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 8561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 1 - 1892
4. *Place of Birth, (Street and Number)*	307 Mosher
5. *Full Name of Mother,*	Ella Ferdinand Trainor
6. *Mother's Maiden Name,*	" " Lynch
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Patrick Trainor
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	E A Keene M D
Address,	1322 W. Lanvale St
Remarks,	

8 9 7 0 0 0 5 6 4 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

ORM 1236.]

GIVEN NAME ADDED, 4-3-59

RETURN OF A BIRTH. 85612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Naomi Amelia ~~Seaman~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th September 1897
4. *Place of Birth, (Street and Number)* 44 E Randell St
5. *Full Name of Mother,* Cora May Seaman
6. *Mother's Maiden Name,* Cora May Jenkins
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* George May Seaman
9. *Father's Occupation* Engineer B&O
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, C A Brooks

Address, 1828 Light St

Remarks, Doing Well

8970005648

Wm. J. C. Dulany Co., City Printers and Stationers.

...Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85-613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 3rd 1897.
4. *Place of Birth, (Street and Number)* 1313 E. Eager st.
5. *Full Name of Mother,* Emma Catherine Stevenson Frazier
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Robert D. Stevenson
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby M.D.

Address, 1219 N. Caroline st.

Remarks,

8 9 7 0 0 0 5 6 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 3 1897
4. *Place of Birth, (Street and Number)*	1105 S. Carey
5. *Full Name of Mother,*	Mary Cochran Mueller
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Presley Cochran
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	H. E. Kniffe M.D.
Address,	523 Scott St.
Remarks,	

8 9 7 0 0 0 5 6 5 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 85615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 4th 97
4. Place of Birth, (Street and Number) 200 N. Frederick St
5. Full Name of Mother, Maggie Griffin
6. Mother's Maiden Name, " Frenil
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George W. Griffin
9. Father's Occupation Janitor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, H. C. Silver

Address, 1427 E Fayette St

Remarks,

8 9 7 0 0 0 5 6 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 85616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6.
1. *Sex, (state whether male or female)*	Boy.
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	4. September.
4. *Place of Birth, (Street and Number)*	224. Washington. Street
5. *Full Name of Mother,*	Margareth Lenz.
6. *Mother's Maiden Name,*	Margareth Schick
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Ludwig Lenz.
9. *Father's Occupation*	Tinner.
10. *Father's Birthplace,*	Garmania
Name of Medical Attendant, or other person who makes this Return,	Mary Kless
Address,	N. 9. N. Wolfe. Street.
Remarks,	

8 9 7 0 0 0 5 6 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236.]

RETURN OF A BIRTH. 85-617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* ~~white~~ September 7th 1897
4. *Place of Birth, (Street and Number)* No. Boyd St.
5. *Full Name of Mother,* Emma Geldmaker
6. *Mother's Maiden Name,* Emma Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Geldmaker
9. *Father's Occupation* Hairspinner
10. *Father's Birthplace,* Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No. 572 Frederick Ave

Remarks,

B 7 U 0 0 5 6 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

GIVEN NAME ADDED 8-8-51

RETURN OF A BIRTH. 85618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Disney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 4 1897
4. Place of Birth, (Street and Number) 419 N. Carrollton Ave
5. Full Name of Mother, Christina W. Disney
6. Mother's Maiden Name, Weber
7. Mother's Birthplace, Balto.
8. Full Name of Father, Thos. S. Disney
9. Father's Occupation Conductor
10. Father's Birthplace, A. A. Co. Md.

Name of Medical Attendant, or other person who makes this Return, P. L. Norwood M.D.

Address, 939 W. Fayette St.

Remarks,

8970005654

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[...]M 1236.]

RETURN OF A BIRTH. 85-619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 4th 1897
4. *Place of Birth, (Street and Number)* 306 Durham St
5. *Full Name of Mother,* Sophia Sacha
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Frank Sacha
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Kopta

Address, 206 N Washington

Remarks,

8970005655

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 4th 1897
4. *Place of Birth, (Street and Number)* 2225 Wilkens Ave
5. *Full Name of Mother,* Schaefer Annie
6. *Mother's Maiden Name,* Yadrisan Annie
7. *Mother's Birthplace,* U. S.
8. *Full Name of Father,* Schaefer Henry
9. *Father's Occupation* carpenter
10. *Father's Birthplace,* U. S

Name of Medical Attendant, or other person who makes this Return. Gr. Heedrick

Address, 2151 Wilkens Ave

Remarks,

B 17 0005655

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85-621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 45

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sep 4 18/97
4. *Place of Birth, (Street and Number)* 1118 Warner Street
5. *Full Name of Mother,* Lillie Butler
6. *Mother's Maiden Name,* Lillie McWilliams
7. *Mother's Birthplace,* James Butler Charles Co
8. *Full Name of Father,* James Butler
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Charles County Md

Name of Medical Attendant, or other person who makes this Return, Abrillar Brooks

Address, 1132 Warner Street

Remarks, Mother as well as can be expected

8970005657

Wm. J. C. Dulany Co., City Printers and Stationers.

month, who shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1230]

RETURN OF A BIRTH. 85622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 September
4. Place of Birth, (Street and Number) 1503 Nelson St.
5. Full Name of Mother, Mary Zelenka
6. Mother's Maiden Name, Dot
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Jim Zelenka
9. Father's Occupation
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Dott

Address, 838 S. Bond St.

Remarks,

8970005658

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

GIVEN NAME ADDED 8-18-59

RETURN OF A BIRTH. 85623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ida Cordelia Gentry

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th September 1897
4. Place of Birth, (Street and Number) No 134 Garrett Ave L. P.
5. Full Name of Mother, Mary Gentry
6. Mother's Maiden Name, " Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Gentry
9. Father's Occupation Paint
10. Father's Birthplace, West Virginia

Name of Medical Attendant, or other person who makes this Return, Lizzie Schaeffler

Address, No 1708 E Fort Ave L. P.

Remarks,

8970005659

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 85624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* — — —
3. *Date of Birth,* Sep 5th 97
4. *Place of Birth, (Street and Number)* No 1841 N. Regester Ave
5. *Full Name of Mother,* Fannie F. Clipper
6. *Mother's Maiden Name,* nee O. Laughlin
7. *Mother's Birthplace,* Washington, D. C.
8. *Full Name of Father,* Louis F. Clipper
9. *Father's Occupation* Cole Ave
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross

Address, No 1907 E Monument Ave

Remarks,

8970005660

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85-625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 5
4. *Place of Birth, (Street and Number)*	1439 Bressie St
5. *Full Name of Mother,*	Henrietta E. Diegel
6. *Mother's Maiden Name,*	Henrietta Engler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Hartman L Diegel
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Margert Ettel
Address,	1619 Clinton St
Remarks,	Baltimore

8970005661

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

(1236.]

RETURN OF A BIRTH. 85-626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 te

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 September 1894
4. *Place of Birth, (Street and Number)* 2232 Kanton av
5. *Full Name of Mother,* Hedi Rolfer
6. *Mother's Maiden Name,* Hedi Meller
7. *Mother's Birthplace,* Baltimor M d
8. *Full Name of Father,* Anton Rolfer
9. *Father's Occupation* Sofmulder
10. *Father's Birthplace,* Baltimor M d

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

8 9 7 U 0 0 5 6 6 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 85627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) Male -
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Sept. 5 1897.
4. Place of Birth, (Street and Number) 1639 Lafayette Av.
5. Full Name of Mother, Jennie H. Dorney -
6. Mother's Maiden Name, Foster -
7. Mother's Birthplace, Balto - City -
8. Full Name of Father, Henry G. Dorney -
9. Father's Occupation, Railsman -
10. Father's Birthplace, Harford Co - Md.

Name of Medical Attendant, or other person who makes this Return, R. H. Goldsmith M. D.

Address, Harlem av + Calhoun St.

Remarks,

8970005663

WM J C DULANY CO CITY PRINTERS AND STATIONERS

...shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

ORM 1236.]

85628

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th September 1894
4. *Place of Birth, (Street and Number)* 400 E Fort ave
5. *Full Name of Mother,* Sophia Hamilton
6. *Mother's Maiden Name,* Sophia Hoff
7. *Mother's Birthplace,* Washington DC
8. *Full Name of Father,* Charles Hamilton
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 Light St

Remarks, Dems Well

8970005664

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

230.]

85629

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4-5-6

1. Sex, (state whether male or female) Male 2 Female 1
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 September 1877
4. Place of Birth, (Street and Number) 1640 Baltimor St
5. Full Name of Mother, Kattrine Svafild
6. Mother's Maiden Name, Kattrine Geiser
7. Mother's Birthplace, Baltimor Md
8. Full Name of Father, Carl Svafild
9. Father's Occupation Barber
10. Father's Birthplace, Germeni

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks, Triplets

8 9 7 0 0 0 5 6 6 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 85630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept. 5th 1897
4. Place of Birth (Street and Number), 900. Madison ave
5. Full Name of Mother, Mrs Lidia A Nichols
6. Mother's Maiden Name, Lidia A Rose
7. Mother's Birthplace, North Carolina
8. Full Name of Father, Jno E Nichols
9. Father's Occupation, Comition Merchant
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. W Le Morgan MD

Address, 202 W Franklin St

Remarks, Borne Natural

8 9 7 0 0 0 5 6 6 6

[illegible] every person practicing midwifery in the city of Balti-
[illegible] whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltim e Publishing Co., City Printers and Stationers.

RM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85-631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 5 1897
4. *Place of Birth, (Street and Number)* Charles St
5. *Full Name of Mother,* Irena Robinson
6. *Mother's Maiden Name,* " " Allen
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Elick Robinson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Susan E Parker

Address, # 8 Talbot St Cuverly

Remarks, Well

8970005667

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 5th 1897
4. *Place of Birth, (Street and Number)* No: 2109 Christian St
5. *Full Name of Mother,* Emelia Masureck
6. *Mother's Maiden Name,* Emelia Golts
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Golts
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Frederick Ave [illegible]

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005668

1236.]

GIVEN NAME ADDED 8-21-57

RETURN OF A BIRTH. 85633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Jacob Pickel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sep. 5 - 1897
4. Place of Birth, (Street and Number) 1502 E. Pratt St.
5. Full Name of Mother, Barbara Pickel
6. Mother's Maiden Name, Bartholmay
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Pickel
9. Father's Occupation Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8470005669

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-5-63

RETURN OF A BIRTH. 85634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Eli Leonard Hoffman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep. 6th '97
4. Place of Birth, (Street and Number) 1018 E. Bk Pratt St.
5. Full Name of Mother, Annie Hoffman
6. Mother's Maiden Name, Annie Caplan
7. Mother's Birthplace, Pacro. Russia.
8. Full Name of Father, Isac Hoffman
9. Father's Occupation Tailor
10. Father's Birthplace, Kavrie Russ.

Name of Medical Attendant, or other person who makes this Return, Mrs. Vetta Klavans

Address, 1022 E. Lombard St

Remarks,

8 4 7 0 0 0 5 6 7 0

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 85635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2/28 5-1897
4. *Place of Birth, (Street and Number)*	Balto 6 149 Stafford st
5. *Full Name of Mother,*	Ada May Lowe
6. *Mother's Maiden Name,*	Ada May Parker
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Henry E Lowe
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Talbot co md
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Wicks
Address,	Hoffman Lane
Remarks,	

8970005671

Wm. J. C. Dulany Co., City Printers and Stationers.

[x 1236.]

RETURN OF A BIRTH. 85636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept. 5 — 1894
4. Place of Birth, (Street and Number) 307 S. Caroline St.
5. Full Name of Mother, Annie Hughes
6. Mother's Maiden Name, Grace
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Bruna Hughes
9. Father's Occupation Laborer
10. Father's Birthplace, Annapolis

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 9 7 U 0 0 5 6 7 2

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore Sept. 5, 1867
4. Place of Birth, (Street and Number) 912 E Pratt St.
5. Full Name of Mother, Rosa Segall
6. Mother's Maiden Name, Rosa Dubrovsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Henry Segall
9. Father's Occupation, Baker ~~Baker~~
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, 15 E Lexington St.

Remarks,

8 9 7 0 0 0 5 6 7 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

FORM 1230.]

RETURN OF A BIRTH. 85-638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th 3d.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th Sept 1897
4. *Place of Birth, (Street and Number)*	No 1063 Stanford Ave
5. *Full Name of Mother,*	Maggie Pell
6. *Mother's Maiden Name,*	Maggie Miller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Pell
9. *Father's Occupation*	Clothing Trimmer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Wm Eb Lucas
Address,	1059 Stanford Ave
Remarks,	Bal. Md 1897

8970005674

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 85639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 5th 1897
4. *Place of Birth, (Street and Number)* 1305. McElderry st.
5. *Full Name of Mother,* Catherine Vincent-McKenna
6. *Mother's Maiden Name,* Catherine Vincent-Dorsey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Francis McKenna
9. *Father's Occupation* Mechanic
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. H. Wenger

Address, 1530. N. Bond st.

Remarks,

8970005675

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	mail
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	Sept 5 1897
4. *Place of Birth, (Street and Number)*	Lower st 403
5. *Full Name of Mother,*	Lulla Washington
6. *Mother's Maiden Name,*	Lulla Cook
7. *Mother's Birthplace,*	Martinsburg W Va
8. *Full Name of Father,*	Joh Cook
9. *Father's Occupation*	Barber
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Sarah Thomson
Address,	213 W York st
Remarks,	Stone

8970005676

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236

RETURN OF A BIRTH. 83641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 6th 1897
4. Place of Birth, (Street and Number) 704 Madeira Ave
5. Full Name of Mother, Mary Asher
6. Mother's Maiden Name, Mary Holzer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Harry Asher
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, William E. Burdett M.D.

Address, 743 N. Saratoga St Balto Md

Remarks,

8970005677

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1.	*Sex, (state whether male or ~~female~~)*	male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Sept. 6th 1897
4.	*Place of Birth, (Street and Number)*	936 Hollins St
5.	*Full Name of Mother,*	Mary D. Gibson
6.	*Mother's Maiden Name,*	Mary Doyle
7.	*Mother's Birthplace,*	Baltimore City
8.	*Full Name of Father,*	John W. Gibson
9.	*Father's Occupation,*	Clerk
10.	*Father's Birthplace,*	Baltimore City
	Name of Medical Attendant, or other person who makes this Return,	Thos P. McCormick M.D.
	Address,	1421 Eutaw Place
	Remarks,	

8970005678

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 85643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Sept. 6th 1897
4. *Place of Birth, (Street and Number)* 932 W. Fayette St
5. *Full Name of Mother,* Kate Hohman
6. *Mother's Maiden Name,* Shade
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* W. F. Hohman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, W. F. A. Kemp M.D.

Address, 305 N. Greene St

Remarks, Child lived about 1 hour (about 6 mo 1 week ~~[illegible]~~ Gestation) partial separation placenta ~~7~~ 0 0 5 6 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 6th 1897
4. Place of Birth, (Street and Number) 24 N. High St
5. Full Name of Mother, R. Talken
6. Mother's Maiden Name, R. Dom.
7. Mother's Birthplace, Russia
8. Full Name of Father, A. Talken
9. Father's Occupation, Peddler.
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Y. Feldman

Address, 103 E. Lombard St

Remarks,

8970005680

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

ORM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th September 1897
4. *Place of Birth, (Street and Number)* 22 Rover Side Ave
5. *Full Name of Mother,* Emmie E Vickers
6. *Mother's Maiden Name,* Emmie E Biser
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Robert E Vickers
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E L Brooks

Address, 1828 Light St

Remarks, Doing Well

8970005681

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85-646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Sept 6 ~~1880~~ 1897
4. Place of Birth, (Street and Number) Rabung St 1080
5. Full Name of Mother, Liggie Roberson
6. Mother's Maiden Name, Liggie Gusters
7. Mother's Birthplace, Eastern Shore Md
8. Full Name of Father, George Roberson
9. Father's Occupation, Laborer
10. Father's Birthplace, Annapolis Md

Name of Medical Attendant, or other person who makes this Return, Carline Queen

Address, 1066 Rabung St

Remarks, Child Home Stopping

8970005682

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85-647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 6th '91
4. *Place of Birth, (Street and Number)* 307 N. Exeter St
5. *Full Name of Mother,* Ida Sacks
6. *Mother's Maiden Name,* Ida Garman
7. *Mother's Birthplace,* Slowitz Russia
8. *Full Name of Father,* Hyman Sacks
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Slowitz Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Yetta Klavansky

Address, 1022 E. Lombard St

Remarks,

8970005683

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child! ~~Augusta Wilhelmine~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Monday September 6 th 1897
4. Place of Birth, (Street and Number) No 1413 Garrett ave
5. Full Name of Mother, Lizzie Schneider
6. Mother's Maiden Name, Lizzie Gatta
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick Schneider
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Catherine Hannig

Address, No 1517 Byrd St City

Remarks,

8 9 7 U 0 0 5 6 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

85649

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept 6-97
4. Place of Birth, (Street and Number) 1845 W. Lexington St
5. Full Name of Mother, Byrnina D. Baugher
6. Mother's Maiden Name, Dennis
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, J. Harry Baugher
9. Father's Occupation, Live stock Dealer
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return. J. Wm. Funck Md.

Address, DR. J. WM. FUNCK, 101 N. FULTON AVENUE, BALTIMORE.

Remarks,

Register of such birth, and shall enter a list of the births which have occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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8 9 7 0 0 0 5 6 8 5

RETURN OF A BIRTH. 85650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore Sep. 6, 1897
4. Place of Birth, (Street and Number) 912 E. Lombard St. Balto.
5. Full Name of Mother, Annie Goldberg
6. Mother's Maiden Name, Annie Turner
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Goldberg
9. Father's Occupation, Grocery Store
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Jane Barber

Address, 15 E Howard Street

Remarks,

8 9 7 0 0 0 5 6 8 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 83-657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 6th
4. *Place of Birth, (Street and Number)*	#14 Patapsco st.
5. *Full Name of Mother,*	Florence Nogarty
6. *Mother's Maiden Name,*	Florence Blanchard
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Andrew J. Nogarty
9. *Father's Occupation*	Sales-man
10. *Father's Birthplace,*	Alexandria
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	#241 E. Chester st.
Remarks,	

8 4 7 0 0 0 5 6 8 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 85652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 6-97
4. *Place of Birth, (Street and Number)*	1840 Montrose St.
5. *Full Name of Mother,*	Louisa Ellen R. Bethel
6. *Mother's Maiden Name,*	Ranger
7. *Mother's Birthplace,*	W. Md.
8. *Full Name of Father,*	Horace Bethel
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	W. Md.
Name of Medical Attendant, or other person who makes this Return	Dr. J. Wm. Funck
Address,	101 N. Fulton Avenue Baltimore
Remarks,	

Dr. J. Wm. Funck Md.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...J. G. SULANY & CO., CITY PRINTERS AND STATIONERS.

8 9 7 U 0 0 5 6 8 8

RETURN OF A BIRTH 85653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 6th 1897
4. *Place of Birth, (Street and Number)* 904 Penna Ave
5. *Full Name of Mother,* Rosa G. Justh
6. *Mother's Maiden Name,* Rosa Hall
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Wm S. Justh
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Clarence K. Jump MD.

Address, 1202 Argyle Ave

Remarks,

1897U005689

Wm. J. C. Dulany & Co., City Printers and Stationers

[illegible] contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

m 1236]

RETURN OF A BIRTH. 85-654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 September
4. *Place of Birth, (Street and Number)* Dallas St.
5. *Full Name of Mother,* Josephine Markevic
6. *Mother's Maiden Name,* Ratajak
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Johan Markevic
9. *Father's Occupation* Sol Laborman
10. *Father's Birthplace,* Pole.

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S. Bond St.

Remarks,

8970005690

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

RETURN OF A BIRTH. 85-655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 September
4. Place of Birth, (Street and Number) 1602 Lancaster St.
5. Full Name of Mother, Mary Bujanowsky
6. Mother's Maiden Name, Kasprovic
7. Mother's Birthplace, Pole
8. Full Name of Father, John Bujanowsky
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Brett

Address, 838 S. Broad St.

Remarks,

8970005691

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth September 1st 1897
4. Place of Birth, (Street and Number) 1116 N. Calhoun St
5. Full Name of Mother, Matilda J. Clark
6. Mother's Maiden Name, Browne
7. Mother's Birthplace, Hagerstown Md
8. Full Name of Father, James Wilson Clark
9. Father's Occupation, Book-Binder
10. Father's Birthplace, Harford Co. Md

Name of Medical Attendant, or other Person who makes this Return. Allen S. Parkhurst M.D

Address, 1410 Park Ave

Remarks, 8 9 7 0 0 0 5 6 9 2

Section 3. And be it further enacted, That it shall be the duty of the parents, the date and place of birth, and the said return shall be made to the Office of the Commissioner of Health. The said parents shall certificate between the first and third day of each and every month

RETURN OF A BIRTH. 85657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored child
3. *Date of Birth,*	1st instt.
4. *Place of Birth, (Street and Number)*	319 Carlisle St.
5. *Full Name of Mother,*	Gracie V. Blackston
6. *Mother's Maiden Name,*	" " Booker
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	George W. Blackston
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Annie E. Branch
Address,	871 Bond St.
Remarks,	8970005693

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 30. 1897.
4. *Place of Birth, (Street and Number)* Balt. Univ. Maternity
5. *Full Name of Mother,* Mary Gardner
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* St. Marys Co. Md.
8. *Full Name of Father,* William Fort.
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* St. Marys Co. Md.

Name of Medical Attendant, or other person who makes this Return, Henry J. Hinton M.D.

Address, Baltimore Univ. Hospital.

Remarks,

8970005694

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 85659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 2nd
4. Place of Birth, (Street and Number) #1021 Eutaw st
5. Full Name of Mother, Ella Senore
6. Mother's Maiden Name, " Sumers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Senore
9. Father's Occupation, Glass Blower
10. Father's Birthplace, Jersey City

Name of Medical Attendant, or other person who makes this Return. Florence B Thaten

Address, #709 Fremont Ave.

Remarks, 8970005695

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 85660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Monday September 6th 1897
4. Place of Birth, (Street and Number) Lombert st n 926
5. Full Name of Mother, Mary ~~[illegible]~~ Jones
6. Mother's Maiden Name, Mary Kerner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Stephen Archer Jones
9. Father's Occupation Straw Hoat
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 No Pappleton St

Remarks,

8970005696

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88661

GIVEN NAME ADDED 8-15-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Phoebe Sodonia Lasher

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 7th 1897
4. *Place of Birth, (Street and Number)* # 1725 Hanover st
5. *Full Name of Mother,* Ida Lasher
6. *Mother's Maiden Name,* " Morbay
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Lasher
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8970005697

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 88-662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 8

1. Sex, (~~state whether male or~~ female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept-7-1897 at 1/4 2-oclock P.M
4. Place of Birth, (Street and Number) 1730 ashland avwe
5. Full Name of Mother, Maggie. Reeves
6. Mother's Maiden Name, — — Colaham
7. Mother's Birthplace, Queen Ann Co. Md
8. Full Name of Father, Robert. C. Reeves
9. Father's Occupation farmer
10. Father's Birthplace, Queen Ann Co. Md

Name of Medical Attendant, or other person who makes this Return, Josephine Amos, Cooper

Address, 920 Shuter Street

Remarks, Mother and Daughter both will

Balt. Md

8970005698

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 7 of Sept 1897
4. Place of Birth, (Street and Number) 1431 Bruce St
5. Full Name of Mother, Mary Diggs
6. Mother's Maiden Name, Mary Lyles
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Joseph Diggs
9. Father's Occupation Waiter
10. Father's Birthplace, Anarundle Co. Md

Name of Medical Attendant, or other person who makes this Return, Jane Warren

Address, 1424 Bruce St

Remarks, X

8970005699

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parent's, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Sept. 7/97.
4. *Place of Birth, (Street and Number)* 1208 W. Mulberry St.
5. *Full Name of Mother,* Idelia L. Gardiner.
6. *Mother's Maiden Name,* Gardiner -
7. *Mother's Birthplace,* Prince George's Co. Md.
8. *Full Name of Father,* Edwin H. Gardiner -
9. *Father's Occupation,* Machinist -
10. *Father's Birthplace,* Charles Co. Md.

Name of Medical Attendant, or other person who makes this Return. R. H. Goldsmith M.D.

Address, Harlem ave. & Calhoun St.

Remarks,

8970005700

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

[Form 1236]

GIVEN NAME ADDED 5-18-59

RETURN OF A BIRTH. 85665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Estelle Agnes ~~Croke~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 7 September 1897
4. Place of Birth, (Street and Number) 1503 Burrough st city
5. Full Name of Mother, catherine Furry
6. Mother's Maiden Name, catherine Croke
7. Mother's Birthplace, Waterford Ireland
8. Full Name of Father, Richard Croke
9. Father's Occupation labor
10. Father's Birthplace, Waterford Ireland

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1407 Nicholson st city

Remarks,

8970005701

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 7th 1897
4. Place of Birth, (Street and Number) 1406. S. Charles. St
5. Full Name of Mother, Hattie. Stewart
6. Mother's Maiden Name, Hattie. Watkins
7. Mother's Birthplace, Baltimore. Md
8. Full Name of Father, Howard. Stewart
9. Father's Occupation Motorman
10. Father's Birthplace, Brooklyn. A. A. county. Md

Name of Medical Attendant, or other person who makes this Return. Ellenora. a. anderson

Address, 1434. Patapsco. St

Remarks.

8 9 7 0 0 0 5 7 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of such shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with

RETURN OF A BIRTH. 85667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 7th 1887 4th
4. *Place of Birth, (Street and Number)* 1634 Aisquith St.
5. *Full Name of Mother,* Mary A. Ruppert
6. *Mother's Maiden Name,* Mary A. Gilroy
7. *Mother's Birthplace,* Frederick Co. Md.
8. *Full Name of Father,* John Ruppert
9. *Father's Occupation,* Teacher
10. *Father's Birthplace,* Westminster Md.

Name of Medical Attendant, or other person who makes this Return, A. G. Watson

Address, 130 N. Central Ave.

Remarks,

8970005703

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-8-51

RETURN OF A BIRTH. 85-668

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Jane Smith Walker

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) F

2. Race or Color (if not of the white race) W

3. Date of Birth Sept 7, 1894

4. Place of Birth (Street and Number) 1210 McCulloh

5. Full Name of Mother Mrs. Hugh K. Walker

6. Mother's Maiden Name Eliz. K. Moore

7. Mother's Birthplace Georgia

8. Full Name of Father Hugh K. Walker

9. Father's Occupation Minister

10. Father's Birthplace Tenn.

Name of Medical Attendant, or other Person who makes this Return. Joseph T. Smith

Address 1010 Madison Ave

Remarks

8470005704

ject Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 85669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore Sep. 7 1897
4. Place of Birth, (Street and Number) 2010 Cristian Street Bal
5. Full Name of Mother, Mamie Berman
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Harry Berman
9. Father's Occupation, Pants Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Bard

Address, 15 Albemarle St. Balt

Remarks,

8970005705

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

36.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 8th 1897
4. *Place of Birth, (Street and Number)* 1827. W Balto St
5. *Full Name of Mother,* Mary McNally
6. *Mother's Maiden Name,* May Nugent
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John McNally
9. *Father's Occupation* Bookkeeper = Hurst Purnell & Co.
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, A H Gaxton

Address, 1136. W. Lexington St

Remarks,

8970005706

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Sept. 8th 1897.
4. *Place of Birth,* (*Street and Number*) 1605 N. Wolfe st.
5. *Full Name of Mother,* Grace A. Dudderar
6. *Mother's Maiden Name,* " " Amick
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Walter B. Dudderar
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Frederick Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby. M.D.

Address,

Remarks,

8970005707

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85-672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep. 8, 1897.
4. *Place of Birth, (Street and Number)* 107 N. Exeter
5. *Full Name of Mother,* Ester Salovitz
6. *Mother's Maiden Name,* " Subotzka
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Joe Salovitz
9. *Father's Occupation* Teacher
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dr. W. Rubinstein

Address, 123 W. Barre St.

Remarks,

8970005708

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85-673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 8th 1897
4. *Place of Birth, (Street and Number)* 646 N. Lee
5. *Full Name of Mother,* Margaret Heiderman
6. *Mother's Maiden Name,* Lloyd
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* George Heiderman
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, H J Carrick M.D.

Address, 1204 Madison Ave

Remarks,

8 9 7 0 0 0 5 7 0 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 8th of Sept
4. Place of Birth, (Street and Number) 619 Greenmillow St Baltimore
5. Full Name of Mother, Jennie Brooks
6. Mother's Maiden Name, Jennie Gross
7. Mother's Birthplace, Charles county Maryland
8. Full Name of Father, Joseph Brooks
9. Father's Occupation, Color
10. Father's Birthplace, Hunton Miamer Balto Co.

Name of Medical Attendant, or other person who makes this Return, No

Address, 565 Oxford St.

Remarks, Mary Burns

8970005710

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 85675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) First

1. Sex, (~~state whether male or~~ female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 8" 1897
4. Place of Birth, (Street and Number) Fayette St #1834
5. Full Name of Mother, Mary Elizabeth Pasterfield
6. Mother's Maiden Name, " " Loman
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Jos W Pasterfield
9. Father's Occupation, In ~~Store~~ Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr Marchant

Address, #1411 Mt Royal Ave.,

Remarks,

8970005711

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

1336.]

RETURN OF A BIRTH. 85676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 8 Sept 1897
4. *Place of Birth, (Street and Number)* 2120 Vine St
5. *Full Name of Mother,* Mary L. Edwards
6. *Mother's Maiden Name,* " " Kirby
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. A. Edwards
9. *Father's Occupation* N. C. R. R. Employee
10. *Father's Birthplace,* Alexandria Va

Name of Medical Attendant, or other person who makes this Return, J. H. Gardiner, M.D.

Address, 1712 W. Lexington St

Remarks,

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep. 8th '97
4. Place of Birth, (Street and Number) 1074 Granby St
5. Full Name of Mother, Sarah Seidman
6. Mother's Maiden Name, Sarah Hackerman
7. Mother's Birthplace, Covna Rus
8. Full Name of Father, Abraham Seidman
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Sarabia Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Yetta Klavansky

Address, 1022 E. Lombard St

Remarks,

8970005713

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 83698

GIVEN NAME ADDED, 11-2-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Irvin Bivens

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Race Colored
3. *Date of Birth,* Sept 8 1897
4. *Place of Birth, (Street and Number)* Waschy St 731
5. *Full Name of Mother,* Mattie Bivens
6. *Mother's Maiden Name,* Mattie Holmes
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* John Williams Bivens
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Acmack Co Va

Name of Medical Attendant, or other person who makes this Return, Lucas Hanaford

Address, 104 York St

Remarks,

8970005714

Wm J C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 85679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d or 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 7th of Sept 1897

4. *Place of Birth, (Street and Number)* No 1725 North Bond

5. *Full Name of Mother,* Emma Zimmerman

6. *Mother's Maiden Name,* Emma Silkman

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Daniel Zimmerman

9. *Father's Occupation* Carpenter

10. *Father's Birthplace,* Singletown Pa

Name of Medical Attendant, or other person who makes this Return, Thos C Lewis

Address, No 1054 Hanford Ave

Remarks, Bal Md

1897

8970005715

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 85680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 8th
4. *Place of Birth, (Street and Number)* # 1421 Madeira st.
5. *Full Name of Mother,* Annie Gummer
6. *Mother's Maiden Name,* Annie Dorn
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph Gummer
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary A. Pertner

Address, # 24 N. S. Chester st

Remarks,

8 9 7 0 0 0 5 7 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

1335.]

RETURN OF A BIRTH. 85-681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Sept 5th 1897

4. *Place of Birth, (Street and Number)* 418 Hoffman St.

5. *Full Name of Mother,* Alberta Simkins.

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Washington D.C.

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. T. Bennett

Address, Good Samaritan Hosp. 1030 McCulloh St.

Remarks,

8970005717

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-18-64

RETURN OF A BIRTH. 85-682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MYRTLE HUTTON

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 8, 1897
4. Place of Birth, (Street and Number) 2112 E Biddle St
5. Full Name of Mother, Olive Hutton
6. Mother's Maiden Name, Olive Caranaugh
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Wally H Hutton
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Albert S. Richmond MD

Address, 1037 N. Caroline St

Remarks,

8970005718

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85-683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th of September
4. *Place of Birth, (Street and Number)* 1704 Byrd Street
5. *Full Name of Mother,* Mary Elizabeth Brinnich
6. *Mother's Maiden Name,* Mary Elizabeth Brooks
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Franklin Edward Brinnich
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Austria Germany

Name of Medical Attendant, or other person who makes this Return, No Doctor required

Address, Mrs E Donaldson No 19 Heath st Midwife

Remarks, Mother and child doing well

8970005719

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 85-684

7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 8th 1897
4. *Place of Birth, (Street and Number)* 309 Dunman alley
5. *Full Name of Mother,* Anna Petrova
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* James Petrova
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Keftis

Address, 205 Washington St.

Remarks,

8970005720

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 85-685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 Sept.
4. *Place of Birth, (Street and Number)* Thames St. 1514
5. *Full Name of Mother,* Mary Mucinsky
6. *Mother's Maiden Name,* Visnovsky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Leo Stan Mucinsky
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Puett

Address, 838 S. Bond St.

Remarks,

8970005721

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 85-686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* Sept 8 1899
4. *Place of Birth, (Street and Number)* 838 Tyson St
5. *Full Name of Mother,* Maria Manning
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* Chas. H. Manning
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Edwin K. Ballard M.D.

Address,

Remarks,

8970005722

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[...]M 1236.]

RETURN OF A BIRTH. 85-687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irvin Henry Hayden

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 9th 1897
4. *Place of Birth, (Street and Number)* 1338 N Fulton Ave
5. *Full Name of Mother,* Emily Hayden
6. *Mother's Maiden Name,* Emily Meredith
7. *Mother's Birthplace,* London
8. *Full Name of Father,* Luther J. Hayden
9. *Father's Occupation* Watchman
10. *Father's Birthplace,* North Thumberland Pa.

Name of Medical Attendant, or other person who makes this Return, Mary Harvey

Address, 1809 Lanman St

Remarks, [illegible] 10-20-52

8970005723

[...] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1233.]

RETURN OF A BIRTH. 85688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 9/97

4. Place of Birth, (Street and Number) No. 1203 N. Durham St

5. Full Name of Mother, Johanna Dallmann

6. Mother's Maiden Name, Rudolf

7. Mother's Birthplace, Germany

8. Full Name of Father, Edward Hallmann

9. Father's Occupation Locksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Grass.

Address, No. 1217 E. Monument St.

Remarks,

8970005724

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 9th 1877
4. Place of Birth, (Street and Number) 1808 Hope St.
5. Full Name of Mother, Harriet Hefferman
6. Mother's Maiden Name, Harriet Kellner
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Joseph F. Hefferman
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, S. G. Patson

Address, 1501 N. Central Ave

Remarks,

8 9 7 0 0 0 5 7 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85-690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* ~~do~~ White

3. *Date of Birth,* Sept. 9, 1897.

4. *Place of Birth, (Street and Number)* 1217 N. Stricker St.

5. *Full Name of Mother,* Ida M. Minnier

6. *Mother's Maiden Name,* " " Myers,

7. *Mother's Birthplace,* Carroll Co.

8. *Full Name of Father,* Edw. J. Minnier

9. *Father's Occupation,* Plumber

10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, C. G. Keefer M.D.

Address, 1304 N. Gilmor St.

Remarks,

8 7 0 0 0 5 7 2 6

Wm J C. Dulany Co., City Printers and Stationers.

[...1236.]

RETURN OF A BIRTH. 85-691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9/8/97
4. *Place of Birth, (Street and Number)* S.W. Corner Clifton & Mary St.
5. *Full Name of Mother,* Christina Kreiner
6. *Mother's Maiden Name,* Christina Ritter
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Michael Kreiner
9. *Father's Occupation* Poultry Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Richard A. Urquhart

Address, 2724, Penna Ave. City

Remarks,

8 9 7 0 0 0 5 7 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) 1 Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September 9. 1897

4. Place of Birth, (Street and Number) W. Chase st. 222 Baltimore city

5. Full Name of Mother, Mary A ~~Gray~~ Brown

6. Mother's Maiden Name, ~~Mary A Brown~~ Gray

7. Mother's Birthplace, Richmond Va

8. Full Name of Father, Dowling C Brown

9. Father's Occupation, janitor

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Charlotte Gouldborough

Address, 1114 Division st City

Remarks,

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list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

M 1286.]

GIVEN NAME ADDED 4-4-55

RETURN OF A BIRTH. 85693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace Davis ~~Turner~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 9 of Sept 1897
4. *Place of Birth, (Street and Number)* No 1626 Caroline St
5. *Full Name of Mother,* Cora Turner
6. *Mother's Maiden Name,* Cora Davis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Turner
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Westmorland Co Va

Name of Medical Attendant, or other person who makes this Return, Mrs Ch. Lauer

Address, 1057 Harford Ave

Remarks, Bal. Md

1897

8970005729

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore Sep. 9, 1897
4. Place of Birth, (Street and Number) 2029 Cristian Street Balto.
5. Full Name of Mother, Fannie Fryman
6. Mother's Maiden Name, Fannie Patrick
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Fryman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Lena Barber

Address, 15 Albemarle St. Balto.

Remarks,

8970005730

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 9/97
4. Place of Birth, (Street and Number) 1232 Argyle Ave
5. Full Name of Mother, Maggie A. Bishop
6. Mother's Maiden Name, Ga. White
7. Mother's Birthplace, Harold D. Bishop
8. Full Name of Father, Salesman
9. Father's Occupation
10. Father's Birthplace, Morris C. Robins Md

Name of Medical Attendant, or other person who makes this Return

Address, 1344 Druid Hill Ave

Remarks,

8 9 7 0 0 0 5 7 3 1

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 85696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 9th 1897
4. Place of Birth, (Street and Number) 1306 Baltimore St
5. Full Name of Mother, Mary Benda
6. Mother's Maiden Name, Bohemian
7. Mother's Birthplace, Andrew Benda
8. Full Name of Father, Taylor
9. Father's Occupation Bohemian
10. Father's Birthplace, Mary Kopter

Name of Medical Attendant, or other person who makes this Return, 205 N Washington St

Address,

Remarks,

8970005732

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85-697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 9th 1897
4. *Place of Birth, (Street and Number)* 612 N. Eden St
5. *Full Name of Mother,* Mary V. Quinlan
6. *Mother's Maiden Name,* Kennedy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James J. Quinlan
9. *Father's Occupation* Horse Shoer
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Francis A Sauerbrey

Address, 1400 Jefferson St.

Remarks,

8970005733

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-19-59

RETURN OF A BIRTH. 85-698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sarah Emily Snell the 6

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 10/97
4. Place of Birth, (Street and Number) 719 Saratoga St.
5. Full Name of Mother, Minnie Snell
6. Mother's Maiden Name, Minnie McCarthy
7. Mother's Birthplace, Ireland
8. Full Name of Father, Samuel M. Snell
9. Father's Occupation Cook
10. Father's Birthplace, South America

Name of Medical Attendant, or other person who makes this Return, Miss Katie Eichler

Address, 637 George St.

Remarks,

8970005734

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, after the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 83-697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 10th
4. Place of Birth, (Street and Number) # 912 Warner st
5. Full Name of Mother, Annie Carter
6. Mother's Maiden Name, " Watty
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Carter
9. Father's Occupation, Miller
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Florence B Thaler

Address, # 709 Fremont Ave

Remarks,

8970005735

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 85700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 10 of Septemb
4. Place of Birth, (Street and Number) 754 Woerdest Balto
5. Full Name of Mother, Elighbeth Lawson
6. Mother's Maiden Name, Elighbeth Carrington
7. Mother's Birthplace, Richmond Virginia
8. Full Name of Father, James Henry Lawson
9. Father's Occupation Stephedore
10. Father's Birthplace, Richmond Virginia

Name of Medical Attendant, or other person who makes this Return, Annie A Cornish

Address, 871 Boyd Street Balto

Remarks, Not any

8 9 7 0 0 0 5 7 3 6

Wm. J. C. Dulany Co., City Printers and Stationers

[illegible] the name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 10th 1897
4. Place of Birth, (Street and Number) 2415 York Road
5. Full Name of Mother, Rosina P. Roy.
6. Mother's Maiden Name, Rosina P. Steiner
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles M. Roy.
9. Father's Occupation Conductor Electric R.R.
10. Father's Birthplace, Gloucester Co. Virginia

Name of Medical Attendant, or other person who makes this Return, William J. Pillsbury, M.D.

Address, 607 E. 20th St. N.

Remarks,

8 9 7 0 0 0 5 7 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 10/97
4. Place of Birth, (Street and Number)	804 N. Carrollton ave
5. Full Name of Mother,	Maud Merriken
6. Mother's Maiden Name,	Maud Stanton
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	M. Merriken
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo W Norris M D
Address,	1301 Presstman st
Remarks,	

8 9 7 0 0 0 5 7 3 8

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236

RETURN OF A BIRTH. 85703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Light brown skin
3. Date of Birth, 10 of sep 1897
4. Place of Birth, (Street and Number) Myrtle ave 229
5. Full Name of Mother, Sarah Haris
6. Mother's Maiden Name, Sarah
7. Mother's Birthplace, City
8. Full Name of Father, William Haris
9. Father's Occupation Water
10. Father's Birthplace, anapolis Md

Name of Medical Attendant, or other person who makes this Return, Lydia Somerville

Address, Clinton ave

Remarks.

8 9 7 0 0 0 5 7 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

RETURN OF A BIRTH. 85704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 10, 1897.
4. Place of Birth, (Street and Number) 102 Caroline St.
5. Full Name of Mother, Beckie Rothstein
6. Mother's Maiden Name, Beckie Jacobs
7. Mother's Birthplace, Russia
8. Full Name of Father, Moses Rothstein
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. W. Rubinstein

Address, 123 W. Barre St.

Remarks,

8970005740

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - Third -

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Friday - Sept 10th 1897. 7:45 A.M.
4. *Place of Birth, (Street and Number)* 1614 N. Franklin St
5. *Full Name of Mother,* Cora Murray
6. *Mother's Maiden Name,* Cora Cole
7. *Mother's Birthplace,* Alexandria Va.
8. *Full Name of Father,* William J. Murray
9. *Father's Occupation* Real Estate Agent
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Thomas M.D.

Address, 112 N Mulberry St

Remarks, Baltimore

8970005741

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85706

CERTIFICATE CORRECTED 5-6-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bessie ~~Irene~~ Coplan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep. 10 th, 1897
4. *Place of Birth, (Street and Number)* 412 Forest
5. *Full Name of Mother,* Sarah (~~Coplan~~) Coplan
6. *Mother's Maiden Name,* Sarah ~~[illegible]~~ Herman
7. *Mother's Birthplace,* Raisain Russia
8. *Full Name of Father,* Mses (~~Max~~) (Coplan) Coplan
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace,* Raisain Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Yetta Klavansky

Address, 1022 E. Lombard St.

Remarks,

8970005742

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 10th
4. *Place of Birth, (Street and Number)* 1619 Gilmor St
5. *Full Name of Mother,* Maggie Rollins
6. *Mother's Maiden Name,* Maggie Myers
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Charles T. Rollins
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Martha Griffin

Address, 1514 Windsor Ave

Remarks,

8 4 7 0 0 0 5 7 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child.

1. Sex, (state whether male or female) Male Child.
2. Race or Color, (if not of the white race) Colard Child
3. Date of Birth, Sept 10, 1892 Baltimore Md
4. Place of Birth, (Street and Number) 415 Parish al.
5. Full Name of Mother, Katie Banks age 32
6. Mother's Maiden Name, Katie White
7. Mother's Birthplace, King Wilkins. Co. Va.
8. Full Name of Father, William Banks age 28
9. Father's Occupation, White Washer.
10. Father's Birthplace, Eastern Shore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Connie Reed

Address, 417 Parish al

Remarks,

8970005744

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 85709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 10 1897
4. Place of Birth, (Street and Number) 813 Mulberry St.
5. Full Name of Mother, Agnes Jacobs
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Germany
8. Full Name of Father, Fed Jacobs
9. Father's Occupation Wheelwright
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. D. Norwood

Address, 89 W Fayette St

Remarks,

8 9 7 0 0 0 5 7 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto. Sep. 10, 1897
4. Place of Birth, (Street and Number) 18 Market Space
5. Full Name of Mother, Sara Weinstein
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Mandel Weinstein
9. Father's Occupation, Pants Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Jena Barton

Address, 18 Albemarle St.

Remarks,

8 9 7 0 0 0 5 7 4 6

Wm J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 10 '97
4. *Place of Birth, (Street and Number)*	1833 W Fayette
5. *Full Name of Mother,*	Mrs Laura M Rodgers
6. *Mother's Maiden Name,*	" " Walter
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Harry W Rodgers
9. *Father's Occupation*	Stenographer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	T Chew Worthington
Address,	814 W Fayette St
Remarks,	

8970005747

Wm. J. C. Dulany Co., City Printers and Stationers.

[1336]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8057/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 11th 1897
4. Place of Birth, (Street and Number) No 3 Wellesley st
5. Full Name of Mother, Blanch E. Decker
6. Mother's Maiden Name, Blanch E. Glen
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John E. Decker
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Elisabeth Wicks

Address, Hoffmans Lane

Remarks,

8970005748

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 85713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 11 — 1897
4. *Place of Birth, (Street and Number)* 2009 Eastern Ave
5. *Full Name of Mother,* Mary Annie Ditschler
6. *Mother's Maiden Name,* Vogelgesang
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adam Ditschler
9. *Father's Occupation* Harness Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970005749

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8 $714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 4th

1. Sex, (~~state whether male or female~~)
2. Race or Color, (~~if not of the white race~~)
3. Date of Birth, Sept- 11th 1897 1210 A.M.
4. Place of Birth, (Street and Number) 1806 Hopkins ave
5. Full Name of Mother, Louisa Rumpf
6. Mother's Maiden Name, " Heiger
7. Mother's Birthplace, Md.
8. Full Name of Father, Charles F. Rumpf
9. Father's Occupation Letter Carrier
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Abraham Hertzberg M.D.

Address, 250 N. Paterson St

Remarks, Instrumental

8970005750

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 85715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 12th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 11 of Sept 1897
4. *Place of Birth, (Street and Number)* No 1015 Cosquith St
5. *Full Name of Mother,* Bernadina Hebrank
6. *Mother's Maiden Name,* Bernadina Millinger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Hebrank
9. *Father's Occupation* Coalyard
10. *Father's Birthplace,* Lancaster city Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Ch. Fauer

Address, 1054 Harford Ave

Remarks, Baltimore Md

1897

8970005751

Wm. J. C. Dulany Co., City Printers and Stationers.

...ment, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236]

RETURN OF A BIRTH. 85716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th 1899 –

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept – 2nd

4. Place of Birth, (Street and Number) Hollins & Shroeder Sts –

5. Full Name of Mother, Mary R. ~~Tivis~~ Jubbs,

6. Mother's Maiden Name, " " Tivis

7. Mother's Birthplace, Ellicott City Md –

8. Full Name of Father, Wm. H. Jubbs,

9. Father's Occupation Saloon Kpr –

10. Father's Birthplace, Balto. Md –

Name of Medical Attendant, or other person who makes this Return, Jos. C. Wundon

Address, 1075 W. Fayette St

Remarks, L. O. I. A.

8970005752

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 85717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Alexia Bailey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 11 1919

4. Place of Birth, (Street and Number) 883 W Fayette St

5. Full Name of Mother, Mary E. Bailey

6. Mother's Maiden Name, Hickey

7. Mother's Birthplace, Balto

8. Full Name of Father, Jos. Bailey

9. Father's Occupation Waiter

10. Father's Birthplace, Alexandria Va

Name of Medical Attendant, or other person who makes this Return, [illegible]

GIVEN NAME ADDED 1-19-53

Address, [illegible]

Remarks, R 9 W Fayette St

8970005753

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85 718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 11th 1897.
4. Place of Birth, (Street and Number) 1433 E. Monument st.
5. Full Name of Mother, Sarah E. Young
6. Mother's Maiden Name, " " St. Clair
7. Mother's Birthplace, Charles Co. Md.
8. Full Name of Father, Charles E. Young
9. Father's Occupation Bras moulder
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8 7 1 0 0 0 5 7 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 85719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th September 1897
4. *Place of Birth, (Street and Number)* 1011 River side ave
5. *Full Name of Mother,* Bardinia Frantz
6. *Mother's Maiden Name,* Bardinia Shirder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Christopher Fratz
9. *Father's Occupation* Cigar Mfg
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, C. A. Brooks

Address, 1828 Eight St

Remarks, Doing Well

8970005755

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 11 1897
4. *Place of Birth, (Street and Number)* 202 Castle St
5. *Full Name of Mother,* Mary Hajek
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Frank Hajek
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Kopitz

Address, 203 N Washington St

Remarks,

8970005756

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 85721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Girl

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) Sept 11th 1897
3. Date of Birth, 216 Chapel St
4. Place of Birth, (Street and Number) Katie Baily
5. Full Name of Mother, Germany
6. Mother's Maiden Name, Georg Baily
7. Mother's Birthplace, Taylor
8. Full Name of Father, Germany
9. Father's Occupation Mary Kopty
10. Father's Birthplace, 205 W Washington St

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8970005757

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child; (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 85722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 11th 1897
4. Place of Birth, (Street and Number) 401 Chapel St
5. Full Name of Mother, Annie Dressel
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Charles Dressel
9. Father's Occupation Carpenter
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Kopton

Address, 205 N Washington St

Remarks,

8970005758

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d,~~ 3d, ~~&c.~~)

1. Sex, (~~state whether~~ male or ~~female~~)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, Sept 11th/897 1210 A.M.
4. Place of Birth, (Street and Number) 2165 Jefferson Place
5. Full Name of Mother, Lillie M. Melvin
6. Mother's Maiden Name, " " Decker
7. Mother's Birthplace, Pa
8. Full Name of Father, John Wesley Melvin
9. Father's Occupation Engineer Pa Railroad Road
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Abraham Thacher Md

Address, 25 W. Preston St

Remarks,

8970005759

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 85-724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 september 1897
4. *Place of Birth, (Street and Number)* 1405 Hubert st city
5. *Full Name of Mother,* Mary Beswick
6. *Mother's Maiden Name,* Mary McClure
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Peter Beswick
9. *Father's Occupation* labor
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1407 Nicholson st city

Remarks,

8 9 7 0 0 0 5 7 6 0

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 85725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 11 September
4. Place of Birth, (Street and Number) 1519 Beason st.
5. Full Name of Mother, Annie Roberts
6. Mother's Maiden Name, " Seifert
7. Mother's Birthplace, Germany
8. Full Name of Father, John W. Roberts
9. Father's Occupation Labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Rolf, M

Address, 1331 Hull st. Locust Point

Remarks,

8 9 7 0 0 0 5 7 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] Commissioner of [illegible] under his or her care during the [illegible] which have occurred under his or her care during the [illegible] shall contain a list of the births which have occurred under his or her care during the [illegible] as far as the same can be ascertained the full name of each child, (if any shall have [illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] duly signed by the practitioner in the form of a certificate between the first and [illegible] to the office of the Commissioner of Health. In case the birth of any child [illegible] of a physician or practioner of midwifery, or should no other person be in [illegible] immediately thereafter it shall become the duty of the person or parents of such [illegible] Commissioner of Health, in the manner and within the period above required, and [illegible] hereafter fail to comply with the provisions of this section shall be sub- [illegible] offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236

RETURN OF A BIRTH. 85-726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Michael Cohen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 11, 1897.
4. Place of Birth, (Street and Number) 914 E. Lombard St.
5. Full Name of Mother, Lena Cohen
6. Mother's Maiden Name, " Josepe
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Cohen
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. W. Rubinstein

Address, 123 W. Barre St.

Remarks,

8970005762

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] 1236.]

RETURN OF A BIRTH. 85727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 11th 1892.
4. Place of Birth, (Street and Number) 127 Ashland Ave
5. Full Name of Mother, Mary Polak.
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemian
8. Full Name of Father, John Polak
9. Father's Occupation Carpenter
10. Father's Birthplace, Vienna

Name of Medical Attendant, or other person who makes this Return, Mary Rapter

Address, 205 S. Washington

Remarks,

8970005763

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 85728

GIVEN NAME ADDED 1/17/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARGARET ZIMMERMAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 11. September 1897
4. *Place of Birth, (Street and Number)* 231. S. Wolfe Street
5. *Full Name of Mother,* Margaretha Zimmerman.
6. *Mother's Maiden Name,* Margaretha Friesner.
7. *Mother's Birthplace,* Germania.
8. *Full Name of Father,* John Zimmerman.
9. *Father's Occupation* Labourman.
10. *Father's Birthplace,* Germania.

Name of Medical Attendant, or other person who makes this Return, Mary Glass.

Address, 9. N. Wolfe Street.

Remarks,

month, and shall set forth as far as the same can be ascertained, the date of the births which have occurred under his or her care during the been conferred) its sex, color, the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8770005764

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 85729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th September 1722 William st
4. Place of Birth, (Street and Number) 1722 William st
5. Full Name of Mother, Mary Haynes
6. Mother's Maiden Name, Mary Marshall
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William P Haynes
9. Father's Occupation Brakeman
10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return, No Doctor Required

Address, Mrs E Donaldson No 19 Heath st Midway

Remarks, Mother & child doing Well

8970005765

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	September 12 1877
4. *Place of Birth, (Street and Number)*	No 403 S Howard st
5. *Full Name of Mother,*	Mary Gretchen
6. *Mother's Maiden Name,*	Mary Stewart
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John Stewart
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Sarah Thomson
Address,	213 York st
Remarks,	None

8970005766

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible]PM 1236.]

RETURN OF A BIRTH. 85731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 September 1897
4. Place of Birth, (Street and Number) 120 Battery Ave
5. Full Name of Mother, Mary Madlen Weisman
6. Mother's Maiden Name, Mary Madlen Brown
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Rudolph Weisman
9. Father's Occupation Hatter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E. A. Brooks

Address, 1828 Eight St

Remarks, Doing Well

8 9 7 0 0 0 5 7 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 12th 1897.
4. Place of Birth, (Street and Number) 1037 N. Central Ave.
5. Full Name of Mother, Minnie Wielert
6. Mother's Maiden Name, " Bruns
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Philip F. Wielert
9. Father's Occupation Clothing cutter
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby. M.D.

Address, 1219 N. Caroline st.

Remarks,

8970005768

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 85733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12th September 1897
4. *Place of Birth, (Street and Number)* 1010 Hanover St
5. *Full Name of Mother,* Haratanne Granger
6. *Mother's Maiden Name,* Haratanne Purity
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Wesley Granger
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, C L Brooks

Address, 1828 Eight St

Remarks, Doing Well

8970005769

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-21-64

RETURN OF A BIRTH.

85-734

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name: PATRICK FRANCIS FINNERTY 3D

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 12, 1897
4. Place of Birth (Street and Number) 1830 Brunt St.
5. Full Name of Mother Mary Dungey Finnerty
6. Mother's Maiden Name " Dungey
7. Mother's Birthplace Ireland
8. Full Name of Father Michael Finnerty
9. Father's Occupation Motorman
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J. D. Egbert

Address 1214 Lorman Ave.

Remarks

8470005770

1236]

RETURN OF A BIRTH. 85735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) brown skin
3. Date of Birth, 12 of september
4. Place of Birth, (Street and Number) ~~[illegible]~~ Jasper st 720
5. Full Name of Mother, Mary ~~[illegible]~~ ross
6. Mother's Maiden Name, Mary ~~ross~~ cornish
7. Mother's Birthplace, albany Canaday
8. Full Name of Father, Charles ross
9. Father's Occupation Water
10. Father's Birthplace, Chambridge md

Name of Medical Attendant, or other person who makes this Return, Lydia somerville

Address, Clinton ave

Remarks,

8970005771

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 85736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 12th 1897
4. Place of Birth, (Street and Number) 769 Church St Calvert
5. Full Name of Mother, Augusta Lee
6. Mother's Maiden Name, Augusta Skinner
7. Mother's Birthplace, North Carolina
8. Full Name of Father, Harold Lee
9. Father's Occupation Laborer
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, Mary Hussey

Address, 1809 Lorman St

Remarks,

8970005772

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, september th 12 1897
4. Place of Birth, (Street and Number) rorebark Court No 12
5. Full Name of Mother, Anene Wats
6. Mother's Maiden Name, Anne robiron
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charley robiron
9. Father's Occupation, labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Bridgeit Hunt

Address, No 8 east Hurey st

Remarks, full 9 months

8970005773

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS.

1236

RETURN OF A BIRTH. 85738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 Sept.
4. Place of Birth, (Street and Number) 1712 Frances St.
5. Full Name of Mother, Rosie Gurecky
6. Mother's Maiden Name, Vincoshia
7. Mother's Birthplace, Pole
8. Full Name of Father, John Gurecky
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pett

Address, 838 S Bond St.

Remarks,

8970005774

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 85739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 Sept.
4. Place of Birth, (Street and Number) 1664 Lancaster St.
5. Full Name of Mother, Marcela Bystry
6. Mother's Maiden Name, ~~S Roz~~ Bonzek
7. Mother's Birthplace, Pole
8. Full Name of Father, Majk Bystry
9. Father's Occupation Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 838 S. Bond St.

Remarks,

8 9 7 0 0 0 5 7 7 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 85740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 13 4.
4. *Place of Birth, (Street and Number)*	#2304 Foster ave.
5. *Full Name of Mother,*	Ella Hines
6. *Mother's Maiden Name,*	Ella Nagle
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Michael Hines
9. *Father's Occupation*	Express-man
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	#2448. Chester st
Remarks,	

8 4 7 0 0 0 5 7 7 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the been conferred, its sex, color, the full name and the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month to the office or practitioner of midwifery, or should no other person be in shall occur without the mother, immediately thereafter, the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2,

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 13 September
4. Place of Birth, (Street and Number) 34 Albemarle, Balto
5. Full Name of Mother, Sara Jacobson,
6. Mother's Maiden Name, Sara Gulstein
7. Mother's Birthplace, Roscia
8. Full Name of Father, Mike Jacobson
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Leonie F. Silberman

Address,

Remarks,

8470005777

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* september the 13 1899
4. *Place of Birth, (Street and Number)* 123 welcome alley
5. *Full Name of Mother,* ellen tales
6. *Mother's Maiden Name,* ellen price
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert tales
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Bridgeit Hunt

Address, No 8 Hurey st

Remarks, full 9 months

8970005778

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

1236

RETURN OF A BIRTH. 85743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 Sept.
4. Place of Birth, (Street and Number) 1610 Lancaster St.
5. Full Name of Mother, Carrie Grogan
6. Mother's Maiden Name, B Rudolph
7. Mother's Birthplace, Germany
8. Full Name of Father, ~~Domic~~ Domminick Grogan
9. Father's Occupation Bridge works for the city
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 838 S. Bond St.

Remarks,

8970005779

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

233.]

RETURN OF A BIRTH. 85744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 13 1897
4. Place of Birth, (Street and Number) 422 Sanders st
5. Full Name of Mother, Florence Brittenham
6. Mother's Maiden Name, Wonder
7. Mother's Birthplace, Balto
8. Full Name of Father, John Brittenham
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 434 Fort Av

Remarks,

8 9 7 0 0 0 5 7 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

85745

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Monday 13th day of September 1897
4. Place of Birth, (Street and Number) 853 Columbia Ave
5. Full Name of Mother, Annie T. Reaney.
6. Mother's Maiden Name, Annie T. Kinsella
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Robert B Reaney
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 W Poppleton St

Remarks,

8 9 7 0 0 0 5 7 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Record of Vital Statistics in [illegible]

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 13/97
4. *Place of Birth, (Street and Number)* 32 S Oppleton St
5. *Full Name of Mother,* Carrie Sauers
6. *Mother's Maiden Name,* Carrie Broessell
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Paul Fred Sauers
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 28 S Oppleton St

Remarks,

8970005782

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 83747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 Sept.
4. *Place of Birth, (Street and Number)* Cambridge St 2718
5. *Full Name of Mother,* Sofia Bujatarsky
6. *Mother's Maiden Name,* Shut
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Ignac Bujatarsky
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return. Mary Ruth

Address, 835 S Bond St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth so far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH. 85746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 13/97
4. *Place of Birth, (Street and Number)* 32 S Oppleton St
5. *Full Name of Mother,* Carrie Sauers
6. *Mother's Maiden Name,* Carrie Broessell
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Paul Fred Sauers
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 28 W Oppleton St

Remarks,

8970005782

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

RR-RM 22
(4-1-54)
Hall of Records Commission

1236

RETUR[illegible] A BIRTH. 85747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 Sept.
4. Place of Birth, (Street and Number) Cambridge St. 2718
5. Full Name of Mother, Sofia Bujatorsky
6. Mother's Maiden Name, Shirt
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Eqnac Bujatorsky
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return. Mary Pretl

Address, 838 S. Bond St.

Remarks,

18970005781

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

[236]

RETURN OF A BIRTH. 83747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 Sept.
4. *Place of Birth, (Street and Number)* Cambridge St 2218
5. *Full Name of Mother,* Sofia Bujatovsky
6. *Mother's Maiden Name,* Smit
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Egnac Bujatovsky
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Bell

Address, 838 S Bond St

Remarks,

18970005783

Wm. J. C. Dulany Co., City Printers and Stationers.

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Extract Regulations of the Health Department to secure a full and cor
Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and corr register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner Health. This schedule shall contain a list of the births which have occurred under his or her care during t month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall ha been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and th said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first an third day of each and every month to the office of the Commissioner of Health. In case the birth of any chil shall occur without the attendance of a physician or practioner of midwifery, or should no other person be i attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of suc child to report its birth to the Commissioner of Health, in the manner and within the period above required, an any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRT

85748

To the Office of Registrar of Vital Statistics, Board of Health,

John Carl Cramblitt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 13th,
4. Place of Birth, (Street and Number) 812. W. Balti
5. Full Name of Mother, Lida C. Cra
6. Mother's Maiden Name, " " Tay
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John B. Cra
9. Father's Occupation Clerk
10. Father's Birthplace, Baltim

Name of Medical Attendant, or other person who makes this Return, Addison

Address, 1205. W

Remarks, GIVEN NAME ADDED 4-1-54

1 8 9 7 0 0 0 5 7 8 4

M 1236]

RETURN OF A BIRTH. 85749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 Sept. 1897
4. *Place of Birth, (Street and Number)* 28 Patapsco St.
5. *Full Name of Mother,* Minnie Lang
6. *Mother's Maiden Name,* Grat
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Lang
9. *Father's Occupation* Beer-saloon
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S. Bond Ste.

Remarks,

8 7 7 0 0 0 5 7 8 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or practitioner in the case, to the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Femal
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 of September 1897.
4. *Place of Birth, (Street and Number)* 933 N. Wolf Str
5. *Full Name of Mother,* Marie Cosins
6. *Mother's Maiden Name,* Marie Gaff
7. *Mother's Birthplace,* England
8. *Full Name of Father,* James Cousins
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hille

Address, 207 N. Castle Str

Remarks, \\\\\

8970005786

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 85751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, Sept. 14th. 1897
4. Place of Birth, (Street and Number) Balto. Md. 605 S. Eutaw St.
5. Full Name of Mother, Henrietta Whittington
6. Mother's Maiden Name, Henrietta Pinder.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Charles Menazer Whittington
9. Father's Occupation Porter at Benedicts & Brothers
10. Father's Birthplace, Fairmount Somersett Co. Md.

Name of Medical Attendant, or other person who makes this Return, Annie M. Davis

Address, 914 Peach Aley

Remarks, It. very ill with spasms.

8 9 7 0 0 0 5 7 8 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 14th 1857
4. Place of Birth, (Street and Number) 800 Clayton st
5. Full Name of Mother, Virginia A. Phillips
6. Mother's Maiden Name, " " Ward
7. Mother's Birthplace, Virginia
8. Full Name of Father, Archibald P. Phillips
9. Father's Occupation Gentleman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, W. H. Schwatka Md

Address, 2429 Fait Ave

Remarks,

8970005788

Wm. J. C. Dulany Co., City Printers and Stationers.

...ths which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female EDITH DADD
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 September 1897
4. *Place of Birth, (Street and Number)* 34 E Barney St
5. *Full Name of Mother,* Elizabeth Dadd
6. *Mother's Maiden Name,* Elizabeth Saunders
7. *Mother's Birthplace,* England
8. *Full Name of Father,* James Dadd
9. *Father's Occupation* Brakeman Bro
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, E L Brooks

Address, 1828 Light St

Remarks, Doing Well

8970005789

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 85-754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White Child
3. *Date of Birth,* 14th September 1895 L.C.
4. *Place of Birth, (Street and Number)* Eastern Ave 1895
5. *Full Name of Mother,* Pauline Williamson
6. *Mother's Maiden Name,* " " Corvalchic
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Williamson
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Lizzie Schaffler
Eastern Ave 1408 L.P.

Address,

Remarks,

8970005790

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 85755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 14th 1897
4. *Place of Birth, (Street and Number)* 1008 Penna Avenue
5. *Full Name of Mother,* Abigail Kearney
6. *Mother's Maiden Name,* Abigail Walker
7. *Mother's Birthplace,* Philadelphia . Pa.
8. *Full Name of Father,* William T. Kearney
9. *Father's Occupation* Confectioner
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 No Appleton St

Remarks,

8 9 7 0 0 0 5 7 9 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 85756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, ~~(if not of the~~ white ~~race)~~*
3. *Date of Birth,* September 14/97
4. *Place of Birth, (Street and Number)* 126 Mosher St.
5. *Full Name of Mother,* Nellie Nimmo
6. *Mother's Maiden Name,* " Ball
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Walden C. Nimmo
9. *Father's Occupation* Tin dealer etc.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D.

Address, 914 N. Charles St.

Remarks,

8 9 7 0 0 0 5 7 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 5.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 14th 1911
4. *Place of Birth, (Street and Number)* 3125 Foster Ave
5. *Full Name of Mother,* Kuon Hagen
6. *Mother's Maiden Name,* Kuon Schopper
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Henry Hagen
9. *Father's Occupation* Laber
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt

Address, 1726 Eastern Ave

Remarks, Balto Md

8 4 7 0 0 0 5 7 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 85-758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* ~~Male~~ Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 15 th Sept 1897
4. *Place of Birth, (Street and Number)* Baltimore city 1017 Low Street
5. *Full Name of Mother,* Lizzie Gillyourd
6. *Mother's Maiden Name,* Lizzie Heath
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Jesse Gillyourd
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore, Md,

Name of Medical Attendant, or other person who makes this Return,

Address, Caroline Patterson 815 North Spring street

Remarks, is doing Remarkable Well

8470005794

Wm. J. C. Dulany Co,. City Printers and Stationers

ascertained the full name of each child, (if any shall have
pation of its parents, the date and place of birth; and the
ractitioner in the form of a certificate between the first and
he Commissioner of Health. In case the birth of any child
practioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
, in the manner and within the period above required, and
comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.
as the same can be
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practition
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter, it shall
child to report its birth to the Commissioner of Health, in the
any such person or persons who shall hereafter fail to compl
jected to the fine of ten (10) dollars for each offence, to be rec

RETURN OF A BIRTH. 85759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 15/97
4. *Place of Birth, (Street and Number)* 700 Eighth st
5. *Full Name of Mother,* Emma Mash Boone
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* do not know
9. *Father's Occupation* " " "
10. *Father's Birthplace,* " " "

Name of Medical Attendant, or other person who makes this Return, Annie Eliza Godfrey
Ten H.E.F.

Address, 837 N. Central ave

Remarks,

8970005795

Wm. J. C. Dulany Co., City Printers and Stationers.

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1238.]

births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascer-
be ascertained the full name of each child, (if any shall have
occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
n or practioner of midwifery, or should no other person be in
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
e, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85-760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Girl.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	15 September
4. *Place of Birth, (Street and Number)*	211. Bond. Street
5. *Full Name of Mother,*	Mary Foit.
6. *Mother's Maiden Name,*	Mary Whitman.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	John Foit.
9. *Father's Occupation*	Cannaker.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Mary Klass.
Address,	N-9. N. Wolfe. Street
Remarks,	8970005796

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 85761

GIVEN NAME ADDED. 9/7/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edwin Herdman Freeman 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 15th 1897
4. Place of Birth, (Street and Number) 827 S Mountford Ave
5. Full Name of Mother, Cora S Freeman
6. Mother's Maiden Name, " " Gerding
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Freeman
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, W. H. Schwartz Lt

Address, 2429 Fait Ave

Remarks,

8970005797

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 18th 1897
4. *Place of Birth, (Street and Number)* 417 S. Register St
5. *Full Name of Mother,* Jennie King
6. *Mother's Maiden Name,* Jennie Roberson
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Henry King
9. *Father's Occupation* Harness Maker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt

Address, 1726 Eastern Ave

Remarks, Balto Md

8 9 7 0 0 0 5 7 9 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 85763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	Sept. 15th 1899
4. *Place of Birth, (Street and Number)*	834 S. Paca St.
5. *Full Name of Mother,*	Elizabeth Mewis
6. *Mother's Maiden Name,*	" Brannin
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edw. L. Mewis
9. *Father's Occupation*	Restaurateur
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Joseph F. Wunder
Address,	1075 W. Fayette St.
Remarks,	L. O. D.

8970005799

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 85764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 15th 1897
4. *Place of Birth, (Street and Number)*	Summit Place No 1821
5. *Full Name of Mother,*	Ova Sparrow
6. *Mother's Maiden Name,*	Ova Robinson
7. *Mother's Birthplace,*	Townsend Co Delaware
8. *Full Name of Father,*	Lewis G. Sparrow Jr
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Calvert Co Md
Name of Medical Attendant, or other Person who makes this Return	L G Sparrow MD
Address,	# 1037 N. Fulton Avenue
Remarks,	

1897000058 00

Sworn to before me this ... day of ... 1897

... Notary Public.

Sworn to before me this ... day of ... 1897

... Notary Public.

Sworn to before me this ... day of ... 1897

... Notary Public.

RETURN OF A BIRTH. 85765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	~~Male~~ Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 16th 1897
4. *Place of Birth, (Street and Number)*	~~City~~ 827 William St
5. *Full Name of Mother,*	Millicent Naomi Tall City
6. *Mother's Maiden Name,*	Millicent Naomi Davis
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Phillips Tall
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Madison Md
Name of Medical Attendant, or other person who makes this Return,	Margarett A. Lambert
Address,	122 East Cross St
Remarks,	Mother & Baby doing well

8970005801

Wm J C Dulany Co., City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 85766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, Sept. 14 97

4. Place of Birth, (Street and Number) 1330 Mount-st-

5. Full Name of Mother, Anna Heintzman

6. Mother's Maiden Name, " Burke

7. Mother's Birthplace, City

8. Full Name of Father, Guy Heintzman

9. Father's Occupation Butcher

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, L. F. Frey

Address, 2470 Druid

Remarks,

8970005802

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 16th/97
4. *Place of Birth, (Street and Number)*	108 S. Paca st
5. *Full Name of Mother,*	Maggie Roesch McLaughlin
6. *Mother's Maiden Name,*	Roesch
7. *Mother's Birthplace,*	Balto. city
8. *Full Name of Father,*	George Solomon-Kuper
9. *Father's Occupation*	Balto. city
10. *Father's Birthplace,*	Balto. city
Name of Medical Attendant, or other person who makes this Return.	Chas L. Buddenbohn M.D.
Address,	718 S. Paca st.
Remarks,	

8970005803

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth September 16th 1897
4. Place of Birth, (Street and Number) Fryer Ave, Roland Park,
5. Full Name of Mother, Anna Edmonds,
6. Mother's Maiden Name, Sylvester
7. Mother's Birthplace, Eufalle, Alabama,
8. Full Name of Father, Wm. H. Edmonds,
9. Father's Occupation, Editor,
10. Father's Birthplace, Norfolk, Virginia

Name of Medical Attendant, or other Person who makes this Return. Alice S. Parkhurst M.D.

Address, 1410 Park Avenue

Remarks,

8 9 7 0 0 0 5 8 0 4

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

ORM 1236]

RETURN OF A BIRTH. 85769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) ~~Female~~
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 16 '97
4. Place of Birth, (Street and Number) 2307 Druid Hill ave
5. Full Name of Mother, Mrs Mary Litz
6. Mother's Maiden Name, " Ostendorf
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo H. Litz
9. Father's Occupation Confectioners Supplies, Mouldings &c
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, T Chew Worthington

Address, 840 W. Fayette

Remarks,

8 9 7 0 0 0 5 8 0 5

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Sept 16/97
4. *Place of Birth, (Street and Number)*	423 or 425 24th st
5. *Full Name of Mother,*	Nellie V. Young
6. *Mother's Maiden Name,*	Nellie V. Collister
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Samuel J. Young
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	E. Michaux M.D.
Address,	411 S. Sharp st
Remarks,	

8 9 7 0 0 0 5 8 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th September 1897
4. *Place of Birth, (Street and Number)* 1528 Hanover St
5. *Full Name of Mother,* Louisa Kerzest
6. *Mother's Maiden Name,* Louisa Shultz
7. *Mother's Birthplace,* Washington DC
8. *Full Name of Father,* Michael Kerzest
9. *Father's Occupation* Shoniles Mfg
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, C. A. Brooks

Address, 1828 Light St

Remarks, Doing Well

8 9 7 0 0 0 5 8 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 85772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 Sept.
4. *Place of Birth, (Street and Number)* 603 S. Bond St.
5. *Full Name of Mother,* Josephine Pilarsky
6. *Mother's Maiden Name,* Kokovska
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Joseph Pilarsky
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 838 S. Bond St.

Remarks,

8 9 7 0 0 0 5 8 0 8

[illegible] charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third. (3rd)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, September. 16th 1897.
4. Place of Birth, (Street and Number) 107. S. Paca. St.
5. Full Name of Mother, Mrs. Bertha Ehrlich.
6. Mother's Maiden Name, Bertha Dogge.
7. Mother's Birthplace, Howard. Co. Md.
8. Full Name of Father, Walter Ehrlich.
9. Father's Occupation, Florist.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Frank H. Ruhl. M.D.

Address, Lansdowne. Md.

Remarks,

8970005809

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85-774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 17 — 97
4. *Place of Birth, (Street and Number)* 1022 James Lane
5. *Full Name of Mother,* ~~Frances~~ E. Stauffer
6. *Mother's Maiden Name,* ~~Frances~~ E. Zimmel
7. *Mother's Birthplace,* Indiana
8. *Full Name of Father,* Jos. K Stauffer
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Kent Co. Md

Name of Medical Attendant, or other person who makes this Return, P. A Panetti M.D.

Address, 1243 N. Broadway

Remarks, 8970005810

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge, to the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 17/97.
4. *Place of Birth, (Street and Number)* 1906 Sherwood Ave.
5. *Full Name of Mother,* Catherine M. Bailey
6. *Mother's Maiden Name,* Catherine M. Hoerning
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Edward B. Bailey
9. *Father's Occupation* Tea Dealer
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, J. Kashiell M.D.

Address, 2340 Madison Avenue

Remarks, Born 5:30 P.M.

8970085811

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85776.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Friday Sept. 17th 1897.
4. Place of Birth, (Street and Number) 718 Jew Alley.
5. Full Name of Mother, Rosa Miller.
6. Mother's Maiden Name, Rosa Garner.
7. Mother's Birthplace, Eastern Shore of Maryland
8. Full Name of Father, Henry Miller.
9. Father's Occupation Fireman.
10. Father's Birthplace, Queen Ann County Md.

Name of Medical Attendant, or other person who makes this Return, Maria Wright.

Address, 814 Exeter St.

Remarks, None.

8 7 7 0 0 0 5 8 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

14th

RETURN OF A BIRTH. 85777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 17th 1897
4. *Place of Birth, (Street and Number)*	2826 Montebello Ave.
5. *Full Name of Mother,*	Dora J. Gilbert
6. *Mother's Maiden Name,*	Dora J. Griffin
7. *Mother's Birthplace,*	Harford County Md.
8. *Full Name of Father,*	Albert M. Gilbert
9. *Father's Occupation*	Insurance business
10. *Father's Birthplace,*	Harford County Md
Name of Medical Attendant, or other person who makes this Return,	William F. Gillsberg, M.D.
Address,	602 E. 7th St. N.
Remarks,	

8 9 7 0 0 0 5 8 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 17th 1859
4. Place of Birth, (Street and Number) 2815 Elliott st
5. Full Name of Mother, Ella Gr. Harris
6. Mother's Maiden Name, " " Evans
7. Mother's Birthplace, Maryland
8. Full Name of Father, Joseph Harris
9. Father's Occupation, Engineer Tug Boat
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, H. H. Schwatka M.D.

Address, 242 Fait Ave

Remarks,

8 7 7 0 0 0 5 8 1 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 85779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 17 1897
4. Place of Birth, (Street and Number) 9 S Fulton ave
5. Full Name of Mother, Nettie M Roddy.
6. Mother's Maiden Name, Brown.
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Robt Roddy
9. Father's Occupation Lawyer.
10. Father's Birthplace, Fulton Md.

Name of Medical Attendant, or other person who makes this Return Charles T Harper MD

Address, 1e 27 W Lexington St

Remarks,

8970005815

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 85780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* Sept 16/97

4. *Place of Birth, (Street and Number)* No 1215 N Durham St

5. *Full Name of Mother,* Katie Wiesner

6. *Mother's Maiden Name,* Dueschle

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* John F Wiesner

9. *Father's Occupation* Shutters maker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, No 1907 E Monument St

Remarks,

8970005816

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Sept 18/97
4. *Place of Birth, (Street and Number)* No 2407 E. Monument
5. *Full Name of Mother,* Bertha E. Young
6. *Mother's Maiden Name,* Young
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Peck
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, No 1907 E Monument

Remarks,

8970005817

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 85782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Sep 18th/97
4. *Place of Birth, (Street and Number)* Hilgenberg's place Winter road
5. *Full Name of Mother,* Hannah
6. *Mother's Maiden Name,* nee Zelasko
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fredrik Hunt von Hafften
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, Mo 1907 E Monument St

Remarks,

8 9 7 0 0 0 5 8 1 8

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3t

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 of September 1897
4. *Place of Birth, (Street and Number)* 908 N. Washington Str
5. *Full Name of Mother,* Rosa Stein
6. *Mother's Maiden Name,* Rosa Walter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Stein
9. *Father's Occupation* Gripmann
10. *Father's Birthplace,* Manshester M. D.

Name of Medical Attendant, or other person who makes this Return, 207 N. Castle Str

Address, Mrs Ida Hille

Remarks, ~~~~

8970005819

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 of September 1897.
4. *Place of Birth, (Street and Number)* 106 Madeira St.
5. *Full Name of Mother,* Veronika Schütte
6. *Mother's Maiden Name,* Veronika Eichhorn
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Gabriel Schütte
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hille

Address, 207 N. Castle St

Remarks,

8970005820

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 85785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 19 '97
4. *Place of Birth, (Street and Number)*	2826 Penna. Ave
5. *Full Name of Mother,*	Mrs. Stella B. Frazier
6. *Mother's Maiden Name,*	" " Burkett
7. *Mother's Birthplace,*	Balto. Co. Md
8. *Full Name of Father,*	Bradley F Frazier
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Balto Co Md
Name of Medical Attendant, or other person who makes this Return,	T Chew Worthington
Address,	840 W. Fayette
Remarks,	

8970005821

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the following particulars, viz: This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred, duly signed by the practitioner in the said schedule shall be delivered, duly signed by the Commissioner of Health. In case no other person be in third day of each and every month to the office of the Commissioner, in the form of a certificate the birth of any child shall occur without the attendance of a physician or midwife, or should no other person become the duty of the person above required, and attendance upon the mother, immediately thereafter, in the manner child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 85786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	September 3 1892.
4. *Place of Birth, (Street and Number)*	1817 Lemmon Street.
5. *Full Name of Mother,*	Addie Biggers.
6. *Mother's Maiden Name,*	Addie Young.
7. *Mother's Birthplace,*	Charlottesville Va
8. *Full Name of Father,*	Abraham Biggers.
9. *Father's Occupation*	Cook.
10. *Father's Birthplace,*	Charlottesville Va.
Name of Medical Attendant, or other person who makes this Return,	1610 Vincent Street.
Address,	Sarah Rollins.
Remarks,	

8 9 7 U 0 0 5 8 2 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

SAFETY FILM

RM 1236]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. Samuel M. Clarke

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 6th 97
4. Place of Birth, (Street and Number) 2311 McCullough St.
5. Full Name of Mother, Mary Ann Clarke
6. Mother's Maiden Name, Mary Ann MacKenzie
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, William J. Clarke
9. Father's Occupation Merchant
10. Father's Birthplace, Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle, M.D.

Address, 1203 W. Fayette St.

Remarks, Given name added 12/3/36 by undersigned. Cert

8 7 7 0 0 0 5 8 2 3

Mary A Clarke Mother

Wm. J. C. Dulany Co., City Printers and Stationers.

1336.]

RETURN OF A BIRTH. 85-788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 7 Sep. 1897
4. Place of Birth, (Street and Number) Etting St. 2316
5. Full Name of Mother, Victoria Bowser
6. Mother's Maiden Name, Victoria Thomas
7. Mother's Birthplace, Baltimore City Md.
8. Full Name of Father, James Edwin Bowser
9. Father's Occupation Laborer
10. Father's Birthplace, Chestertown Kent Co. Md.

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1610 Vincent Alley

Remarks, 8 4 7 0 0 5 8 2 4

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236]

RETURN OF A BIRTH. 85-789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-Th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 7th. 97
4. *Place of Birth, (Street and Number)* 907 McHenry St.
5. *Full Name of Mother,* Maggie Linnit
6. *Mother's Maiden Name,* Maggie Murphy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Linnit
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Henry E. Dietz. M.D.

Address, 1203 W. Fayette St.

Remarks, 8970005825

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85-790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 8 97
4. Place of Birth, (Street and Number) Cor. Block and Point St.
5. Full Name of Mother, Sarah J. O'Brian
6. Mother's Maiden Name, " " O'Boyle
7. Mother's Birthplace, B.C.
8. Full Name of Father, Patrick O'Brian
9. Father's Occupation Ship Chandler
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Geo. L. Wilkins

Address, Six N. Broadway

Remarks,

8 9 7 0 0 0 5 8 2 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 8. 1897
4. *Place of Birth, (Street and Number)*	1620 E. Chase St
5. *Full Name of Mother,*	Ida Elizabeth White
6. *Mother's Maiden Name,*	" " Owens
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Francis Edward White
9. *Father's Occupation*	Harness maker
10. *Father's Birthplace,*	Penna
Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
Address,	1601 N Broadway
Remarks,	

8 7 7 U 0 0 5 8 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

, (state whether male or female) Female

ce or Color, (if not of the white race) White

te of Birth, September 8th 10

ace of Birth, (Street and Number) Baltimore 404 addison aly

ll Name of Mother, Emma Shriver

other's Maiden Name, Emma Lussick

other's Birthplace, Baltimore

ll Name of Father, Robert Shriver

ather's Occupation Carpenter

ather's Birthplace, Baltimore

ame of Medical Attendant, or other person who makes this Return, Mrs Ruth A Calhoun

ddress, No. 124 S. Monroe St

emarks,

8 9 7 0 0 0 5 8 2 8

Co., City Printers and Stationers.

RETURN OF A BIRTH. 85793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 11 '97
4. Place of Birth, (Street and Number) 1601 N Bond St
5. Full Name of Mother, Margaret Elizabeth Erdman
6. Mother's Maiden Name, " " Carlos
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jno W Erdman
9. Father's Occupation Confectioner
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Wm J. Watson

Address, 1601 N. Broadway

Remarks,

8 9 7 0 0 0 5 8 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 12 1887
4. Place of Birth, (Street and Number) 1044 Harford Ave
5. Full Name of Mother, Barbara E. Cost
6. Mother's Maiden Name, " Reichert
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph E. Cost
9. Father's Occupation Printer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return Geo W Dobbin M.D.

Address, The Johns Hopkins Hospital

Remarks,

8 4 7 0 0 0 5 8 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 85795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 Sept 97
4. Place of Birth, (Street and Number) Franklin Lane
5. Full Name of Mother, Maggie Dennis Anderson
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Penn
8. Full Name of Father, Frank Dennis Huckabee
9. Father's Occupation Mud
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Haughton Bayley, M.D.

Address, 301 E. 22nd St.

Remarks, Normal

8 9 7 U 0 0 5 8 3 1

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	September 14th 97.
4. *Place of Birth, (Street and Number)*	594 W Biddle St.
5. *Full Name of Mother,*	Bentz.
6. *Mother's Maiden Name,*	Eliz Schultz.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	George Bentz.
9. *Father's Occupation*	Undertaker.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Thomas Pic M.D.
Address,	219 W. Monument St.
Remarks,	

8970005832

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1286.]

RETURN OF A BIRTH. 85797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Name Aaron Raymond ~~Berends~~ 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sep. 14 - 1897
4. Place of Birth, (Street and Number) 2004 Canton Ave.
5. Full Name of Mother, Mary (Bobbins) Berends
6. Mother's Maiden Name, Vogel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Reinhard ~~Aaron~~ (Bobbins) Berends
9. Father's Occupation Molder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who made this Return, Mary Stein

Address, 1927 E. Fleet St.

Remarks,

8970005833

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	II
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apl 15 1899
4. *Place of Birth, (Street and Number)*	810 N Chester Street
5. *Full Name of Mother,*	Elizabeth Wardlaw
6. *Mother's Maiden Name,*	Elizabeth Carr
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Edward Wardlaw
9. *Father's Occupation*	Police Officer
10. *Father's Birthplace,*	Hagerstown Md
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Dobbin M.D.
Address,	The Johns Hopkins Hospital
Remarks,	

8970005834

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 15 — 1897
4. *Place of Birth, (Street and Number)* 24 N. Eden St.
5. *Full Name of Mother,* Bettie Leidig
6. *Mother's Maiden Name,* Helbing
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Bernhard Leidig
9. *Father's Occupation* Candy Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1127 E. Fayette St.

Remarks,

8 9 7 0 0 0 5 8 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

238.]

RETURN OF A BIRTH. 85810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* September 16th 1897
4. *Place of Birth, (Street and Number)* 910 Whatcoat St
5. *Full Name of Mother,* Eliese Thomas
6. *Mother's Maiden Name,* Eliese Thomas
7. *Mother's Birthplace,* West River md
8. *Full Name of Father,* James Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* West River md

Name of Medical Attendant, or other person who makes this Return, Francis Walker

Address, 922 Whatcoat St

Remarks, _____

8 7 7 0 0 5 8 3 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 85-801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Sept 16th 1897
4.	*Place of Birth, (Street and Number)*	1123 E. North Ave
5.	*Full Name of Mother,*	Margaret Snowman
6.	*Mother's Maiden Name,*	Margaret Emge
7.	*Mother's Birthplace,*	Balto Co. Md
8.	*Full Name of Father,*	Fred Snowman
9.	*Father's Occupation,*	Clerk
10.	*Father's Birthplace,*	Balto City.
	Name of Medical Attendant, or other person who makes this Return,	J. B. Saunders M.D.
	Address,	29 E. Preston St.
	Remarks,	8970005837

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

[Form 1236.]

RETURN OF A BIRTH. 85802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Sept 16 1897.
4. Place of Birth, (Street and Number) 1037 Vine St.
5. Full Name of Mother, Jane Pursell
6. Mother's Maiden Name, Dennis.
7. Mother's Birthplace, Snow Hill.
8. Full Name of Father, James Pursell.
9. Father's Occupation Laboring.
10. Father's Birthplace, Snow Hill

Name of Medical Attendant, or other person who makes this Return, Mary B. Jones

Address, 1121 Saratoga St.

Remarks, 8970005838

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236]

RETURN OF A BIRTH. 85803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Robert Lee Smith

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 17th Sept.
4. Place of Birth, (Street and Number) No 354 Woodyear Str
5. Full Name of Mother, Elisabeth Smith
6. Mother's Maiden Name, Mr Conlough
7. Mother's Birthplace, Hudson City N. J.
8. Full Name of Father, Daniel Ed. Smith
9. Father's Occupation Engineer
10. Father's Birthplace, Pr. Geo Co Md.

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischoff

Address, No 731 St. Peter St.

Remarks,

8 9 7 0 0 0 5 8 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Register in such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236.]

RETURN OF A BIRTH. 85804

GIVEN NAME ADDED 3-11-65

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Anna Elizabeth Schmidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sep 17 - 1897
4. Place of Birth, (Street and Number) 609 Alice Anna
5. Full Name of Mother, Minna Schmidt
6. Mother's Maiden Name, Ruppersberger
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm. Schmidt
9. Father's Occupation Horse shoer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fratt St.

Remarks,

8970005840

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236.]

RETURN OF A BIRTH. 85805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sep. 17 — 1897
4. Place of Birth, (Street and Number) 2410 Canton Ave
5. Full Name of Mother, Annie Becker
6. Mother's Maiden Name, Paupel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Becker
9. Father's Occupation Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Fath St

Remarks,

8970005841

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon it birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Sept 18 1897
4. *Place of Birth, (Street and Number)*	929 Howard st
5. *Full Name of Mother,*	Maria Hardy
6. *Mother's Maiden Name,*	Maria Winder
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Benton Hardy
9. *Father's Occupation*	Laboring.
10. *Father's Birthplace,*	Prince George Co
Name of Medical Attendant, or other person who makes this Return,	Mary E Jones
Address,	1121 Saratoga St.
Remarks,	

8970005842

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 85-807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th of September 1897
4. Place of Birth, (Street and Number) Balto. 1521 Kensett St.
5. Full Name of Mother, Katie Klingebiel
6. Mother's Maiden Name, Katie Weiss
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frederick Klingebiel
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. M. J. Shockney

Address, 731 Cumberland St

Remarks,

8 9 7 0 0 0 5 8 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 85808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 18 September
4. Place of Birth, (Street and Number) 1322 Andre St.
5. Full Name of Mother, Maria Wagner
6. Mother's Maiden Name, " Hill
7. Mother's Birthplace, Germany
8. Full Name of Father, Fred Wagner
9. Father's Occupation Labour
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. H. Mason

Address, 1331 Hull St. Locust Point

Remarks,

8 9 7 0 0 0 5 8 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[FORM 1236.]

RETURN OF A BIRTH. 85809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sep. 18 - 1897
4. Place of Birth, (Street and Number) 20 N. Eden St.
5. Full Name of Mother, Katie Herington
6. Mother's Maiden Name, Sweeny
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, William Herington
9. Father's Occupation Coppersmith
10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970005845

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 19 1897
4. *Place of Birth, (Street and Number)* 1117 Wilcox Street
5. *Full Name of Mother,* Gena Buettner
6. *Mother's Maiden Name,* " Finck
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Buettner
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Geo W Doblin M.D.

Address, The Johns Hopkins Hospital.

Remarks,

8 9 7 0 0 0 5 8 4 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[...]M 1236]

GIVEN NAME ADDED, 7-12-57

RETURN OF A BIRTH. 85811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Urma H. Vermillion

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 19th 97.
4. Place of Birth, (Street and Number) 1323 W. Lombard St.
5. Full Name of Mother, Clara B. Vermillion
6. Mother's Maiden Name, Clara B. Ward
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Thomas E. Vermillion
9. Father's Occupation R. R. Conductor
10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle. Md.

Address, 1203 W. Fayette St.

Remarks,

8970005847

Wm. J. C. Dulany Co., City Printers and Stationers.

[...] Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

N 1236]

RETURN OF A BIRTH. 85812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 19/97
4. Place of Birth, (Street and Number) 535 E- 23rd St.
5. Full Name of Mother, Ellen Fonk-
6. Mother's Maiden Name, Ellen Bowen
7. Mother's Birthplace, Maryland
8. Full Name of Father, Henry Fonk-
9. Father's Occupation Clerk
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Houghton Bosley M. D.

Address, 301 E- Twenty-second St.

Remarks,

8 7 7 0 0 0 5 8 4 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be required, and child to report its birth to the Commissioner of Health, in the manner and within the period above any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday September 19. 1897
4. Place of Birth, (Street and Number) No 1529 Byrd st.
5. Full Name of Mother, Mary Ann Thomas
6. Mother's Maiden Name, Mary Ann Farrell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Cornelous W Thomas
9. Father's Occupation Stationary Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Hennessy

Address, No 1517 Byrd St City

Remarks,

8970005849

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 85-814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female -
2. Race or color, (if not of the white race) White -
3. Date of Birth, Sep. 19, 1897 -
4. Place of Birth, (Street and Number) 615 Reservoir St
5. Full Name of Mother, Dora B. McCormick
6. Mother's Maiden Name, Gooderham
7. Mother's Birthplace, Canada
8. Full Name of Father, Albert L. McCormick
9. Father's Occupation, Clerk
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return Dr. W. R. Morgan

Address, 35 W Monument St

Remarks, 8 9 7 0 0 0 5 8 5 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 85815

GIVEN NAME ADDED 12-6-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie ~~Victoria~~ Gutmann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White 1897
3. *Date of Birth,* 19. of September 1897.
4. *Place of Birth, (Street and Number)* 504. Patterson Park Ave
5. *Full Name of Mother,* Magdalena Gutmann
6. *Mother's Maiden Name,* Magdalena Horanburg
7. *Mother's Birthplace,* Baltimore M. D.
8. *Full Name of Father,* Rudolph Gutmann
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Ms Ida Hille

Address, 207 N. Castle Str

Remarks, | | | | |

8970005851

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Frederick Thomas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 19, 97
4. Place of Birth, (Street and Number) 231 S. Washington St.
5. Full Name of Mother, Mrs. Mary Ann Kelly Heine
6. Mother's Maiden Name, " " Kelly
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Frederick Bernard Heine
9. Father's Occupation Vinegar-maker
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, G. G. Lynch M.D.

Address, 2000 E. Balt. St.

Remarks, Natural delivery

8 7 7 U 0 0 5 8 5 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 20th 97
4. *Place of Birth, (Street and Number)*	1920 Hoffman st
5. *Full Name of Mother,*	Carrie Reger
6. *Mother's Maiden Name,*	Yurish
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Reger
9. *Father's Occupation*	Lock-smith
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Chas L. Buddenbohn M.D.
Address,	418 S. Paca st.
Remarks,	

8 7 7 0 0 0 5 8 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 20th 97
4. *Place of Birth, (Street and Number)*	2717 Penna ave
5. *Full Name of Mother,*	Lizzie Wagner
6. *Mother's Maiden Name,*	n Grimmel
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Jerry Wagner
9. *Father's Occupation*	Store-Keeper
10. *Father's Birthplace,*	Garrett Co Md
Name of Medical Attendant, or other person who makes this Return,	Chas L. Buddenbaum M.D.
Address,	418 S. Paca St.
Remarks,	

8 9 7 0 0 0 5 8 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 85819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* september the 20
4. *Place of Birth, (Street and Number)* 1433 Jackson court
5. *Full Name of Mother,* Caroline Bowton
6. *Mother's Maiden Name,* Carline King
7. *Mother's Birthplace,* King ~~[illegible]~~ Georgeba Va
8. *Full Name of Father,* Horace A Bowton
9. *Father's Occupation* Jobr
10. *Father's Birthplace,* eastton Shore Md

Name of Medical Attendant, or other person who makes this Return, Carline Patson

Address, 815 No dollar street

Remarks, doing well

8 9 7 0 0 0 5 8 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

RETURN OF A BIRTH. 85820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Septr 20th 1897
4. *Place of Birth, (Street and Number)* 1521 Lemmon Ave
5. *Full Name of Mother,* Ida Schaffer
6. *Mother's Maiden Name,* Ida Hickson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Schaffer
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Haney

Address, 1519 Lemmon Ave

Remarks,

8 7 7 U 0 0 5 8 5 6

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth (4th
1. *Sex, (state whether male or female)*	Males
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 20th 1897
4. *Place of Birth, (Street and Number)*	513 Oxford Ave.
5. *Full Name of Mother,*	Lillian Williams
6. *Mother's Maiden Name,*	Lillian Thompson
7. *Mother's Birthplace,*	Sykesville Carroll Co. Maryland
8. *Full Name of Father,*	James F. Williams
9. *Father's Occupation*	Grocer
10. *Father's Birthplace,*	Howard County - Maryland
Name of Medical Attendant, or other person who makes this Return,	William J. Gillespy, M.D.
Address,	607 E. 29th St.
Remarks,	

8 9 7 0 0 0 5 8 5 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 20 1897
4. *Place of Birth, (Street and Number)*	1617 Eutaw Place
5. *Full Name of Mother,*	Mamie Hecht
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Richmond Va
8. *Full Name of Father,*	Emanel Hecht
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Dr A Abrahams
Address,	1601 Linden Ave
Remarks,	

8 9 7 0 0 0 5 8 5 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 85823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 20 September
4. Place of Birth, (Street and Number) 1642 Fort Ave
5. Full Name of Mother, Katie Creekmore
6. Mother's Maiden Name, " Ellis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Creekmore
9. Father's Occupation Labour
10. Father's Birthplace, Norfolk

Name of Medical Attendant, or other person who makes this Return, Ralf. Mason

Address, 1331 Hill St.

Remarks,

8 9 7 0 0 0 5 8 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 21st ~~# 1107 Peach Alley~~
4. Place of Birth, (Street and Number) # 1107 Peach Alley
5. Full Name of Mother, Lizzie Boos
6. Mother's Maiden Name, Dill
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Boos
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Eldridge B Thaler

Address, # 709 Fremont Ave

Remarks,

8970005860

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[Form 1236.]

RETURN OF A BIRTH. 85825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 21 — 1897
4. Place of Birth, (Street and Number) 1928 E. Bath St.
5. Full Name of Mother, Kate Schneider
6. Mother's Maiden Name, Frank
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Friedrich Schneider
9. Father's Occupation Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Bath St.

Remarks,

8970005861

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH. 88826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 21st 1897
4. Place of Birth, (Street and Number) 224 Central Ave
5. Full Name of Mother, Barbara Velender
6. Mother's Maiden Name, Barbara Thurman
7. Mother's Birthplace, Germany
8. Full Name of Father, Chas Velender
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Lenz Midwife

Address, 1537 Aliesanna Street

Remarks,

8970005862

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-28-49

RETURN OF A BIRTH. 85827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~) Emily Lucille Moore

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Sept 21st 97
4. Place of Birth, (Street and Number) 309 N Carrollton Ave.
5. Full Name of Mother, Nellie L Moore
6. Mother's Maiden Name, Nellie L Crook
7. Mother's Birthplace, Howard Co. Md.
8. Full Name of Father, George B Moore
9. Father's Occupation Bookkeeper
10. Father's Birthplace, York Co. Pa.

Name of Medical Attendant, or other person who makes this Return, John I R Strozer Md.

Address, 662 W Lexington St.

Remarks,

8 9 7 0 0 0 5 8 6 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85828

GIVEN NAME ADDED, 10/9/16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie Sadie Pritchett

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 21 1897
4. *Place of Birth, (Street and Number)* 408 Colvin St.
5. *Full Name of Mother,* Kate Pritchett
6. *Mother's Maiden Name,* Kate Waldeck
7. *Mother's Birthplace,* Cumberland Md
8. *Full Name of Father,* Maurice Pritchett
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Balt Md.

Name of Medical Attendant, or other person who makes this Return, G. L. E. Vogle Jr. D.

Address, 1230 E. North ave

Remarks,

8 4 7 0 0 0 5 8 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 21 1897
4. *Place of Birth, (Street and Number)* 1305 N. Stricker St
5. *Full Name of Mother,* Mary Emma Miller
6. *Mother's Maiden Name,* Mary Emma Thomas
7. *Mother's Birthplace,* Albemarle Co. Va.
8. *Full Name of Father,* John R. Miller
9. *Father's Occupation,* Horse Shoer.
10. *Father's Birthplace,* Balti City Md

Name of Medical Attendant, or other person who makes this Return Dr. Wm. J. Chappell

Address, 1351. N. Gilmor St.

Remarks,

8970005865

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85-830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 21. 1897

4. Place of Birth, (Street and Number) 102. E. hamburg. St

5. Full Name of Mother, Anna. Dora. Hissey

6. Mother's Maiden Name, Anna. Dora. Roberts

7. Mother's Birthplace, Baltimore, md

8. Full Name of Father, George. Washington. Hissey

9. Father's Occupation Labor

10. Father's Birthplace, Baltimore, md

Name of Medical Attendant, or other person who makes this Return. Ellenora. E. anderson

Address, 1434. Patapsco. St

Remarks,

8 7 7 0 0 0 5 8 6 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85-831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Sept 22 — '99
4. *Place of Birth, (Street and Number)* 520 Gold Street
5. *Full Name of Mother,* Sallie Randall
6. *Mother's Maiden Name,* " West
7. *Mother's Birthplace,* Va —
8. *Full Name of Father,* Elijah Randall
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Milton D Brown M.D.,

Address, 1324 N. Calhoun Street

Remarks,

8 4 7 0 0 0 5 8 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

1233.]

RETURN OF A BIRTH. 85-832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 23 Sep 1897
4. *Place of Birth, (Street and Number)* 1548 Boyle St
5. *Full Name of Mother,* Sharlotte Caskey
6. *Mother's Maiden Name,* Sharlotte Newshaw
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Joe Caskey
9. *Father's Occupation* labor
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks, 8970005868

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (~~state whether~~ male ~~or female~~)*
2. *Race or Color, (~~if not of the~~ white ~~race~~)*
3. *Date of Birth,* 23 September 1897
4. *Place of Birth, (Street and Number)* 410 Waverly Avenue.
5. *Full Name of Mother,* Mrs. Amelia E. Schmidt
6. *Mother's Maiden Name,* Amelia E. Conrad
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* John E. Schmidt
9. *Father's Occupation,* Merchant Tailor
10. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. F. Leonard Md

Address, 125 Jackson Place.

Remarks, Balto. Md. Usa.

8 9 7 0 0 0 5 8 6 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred in the first ward during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

FORM 1286.]

RETURN OF A BIRTH. 85834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White Child
3. *Date of Birth,* 24th September
4. *Place of Birth, (Street and Number)* No 1413 Decatur S. S. P.
5. *Full Name of Mother,* Katie Reedenaure
6. *Mother's Maiden Name,* " " Healey
7. *Mother's Birthplace,* Brooklin N. Y.
8. *Full Name of Father,* Henry Reedenaure
9. *Father's Occupation* Soldier
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Lizzie Schaeffler

Address, No 1708 Fort Ave. S. P.

Remarks,

8 9 7 0 0 0 5 8 7 0

[illegible] register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 85835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Irish-American
3. *Date of Birth,* September 24th 1897
4. *Place of Birth, (Street and Number)* 432 E. Lanvale St
5. *Full Name of Mother,* Annie L. Mooney
6. *Mother's Maiden Name,* Annie L. Leary
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Mooney
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return A. K. Bond M. D.

Address, 803 Park Ave

Remarks,

8 9 7 0 0 0 5 8 7 1

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

IET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 85-836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of the father, the full name of each child, if any shall have been conferred), its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 24, 97
4. Place of Birth, (Street and Number) 122 N. 20th St.
5. Full Name of Mother, Mary J. Jendrek
6. Mother's Maiden Name, Mary J Carroll
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, John C. Jendrek
9. Father's Occupation, Driver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, M. McLean Yost M.D.

Address, 1231 Argyle Ave

Remarks,

8 9 7 0 0 0 5 8 7 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 85837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 24, 1897
4. *Place of Birth, (Street and Number)* 1347 N. Carey st
5. *Full Name of Mother,* Marion White
6. *Mother's Maiden Name,* " Hoskins
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jno. P. White
9. *Father's Occupation* Coach maker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, O. Edward Janney Esq.

Address, 837 N. Eutaw St.

Remarks,

8 9 7 0 0 0 5 8 7 3

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 83838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (~~state whether male or~~ female)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, Sept 25 / 97

4. Place of Birth, (Street and Number) 1414 Light St.

5. Full Name of Mother, Kate C. Rose

6. Mother's Maiden Name, Kate C. Blondel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Francis E. Rose

9. Father's Occupation Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thurston Cooke M.D.

Address, 914 N. Charles St.

Remarks,

8 7 7 0 0 5 8 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[1235.]

RETURN OF A BIRTH. 85839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* – – – –
3. *Date of Birth,* Sep 25th 1897
4. *Place of Birth, (Street and Number)* No 25 39 E Monument St
5. *Full Name of Mother,* Barbara Rumanus
6. *Mother's Maiden Name,* Mahr
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Rumanus
9. *Father's Occupation* Brass finisher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, No 1907 E Monument St

Remarks, 8970005875

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, 85840

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Sept 25 97
4. *Place of Birth, (Street and Number)* Dumbarton Ave. Waverly City
5. *Full Name of Mother* Elizabeth O'Conner
6. *Mother's Maiden Name* Elizabeth Gilbert
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph T. O'Conner
9. *Father's Occupation* Merchant.
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. J. A. Fichtig

Address 951 Madison ad

Remarks

8 9 7 0 0 0 5 8 7 6

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1236]

RETURN OF A BIRTH. 85841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th September
4. *Place of Birth, (Street and Number)* 554 W. Pierce
5. *Full Name of Mother,* Mrs Dora Miller
6. *Mother's Maiden Name,* Mrs Dora Lewis
7. *Mother's Birthplace,* B. Timore Md
8. *Full Name of Father,* M. Miller
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Bischoff

Address, No 731 St Peter St

Remarks,

8 9 7 0 0 0 5 8 7 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-2-60

RETURN OF A BIRTH. 85842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Helena Christopher

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 10. 97
4. *Place of Birth, (Street and Number)* 608 N. Smallwood St.
5. *Full Name of Mother,* Jennie Christopher
6. *Mother's Maiden Name,* Jennie Wroden
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry L. Christopher
9. *Father's Occupation* Fireman B.C.F.D. Engine
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, J. L. Hooper M.D.

Address, 220 N. Gilmor St.

Remarks,

8970005878

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such mother and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 September
4. Place of Birth, (Street and Number) 811 - Eager St
5. Full Name of Mother, Mary J Ketzenberger
6. Mother's Maiden Name, Mary J McCoy
7. Mother's Birthplace, Balto
8. Full Name of Father, John Ketzenberger
9. Father's Occupation, Salesman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address, ~~Mrs Cunningham~~

Remarks,

8 9 7 0 0 0 5 8 7 9

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 19th
4. *Place of Birth, (Street and Number)* 2021 Clifton st
5. *Full Name of Mother,* Louisa D. Snyder
6. *Mother's Maiden Name,* Louisa D. Young
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* Jas. L. Snyder
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Miss Sophia High

Address, 2026 Ridgewood St.

Remarks,

8 7 7 0 0 0 5 8 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21st September
4. *Place of Birth, (Street and Number)* 1058 West Baltimore street
5. *Full Name of Mother,* Mamie Warfield
6. *Mother's Maiden Name,* Mamie Thomas
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George Warfield
9. *Father's Occupation*
10. *Father's Birthplace,* Anna Arundel County Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 No Poppleton St

Remarks,

8 9 7 0 0 0 5 8 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Record

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 23/97
4. *Place of Birth, (Street and Number)* 1003 Hollins St Balto Md
5. *Full Name of Mother,* Martha E Holsman
6. *Mother's Maiden Name,* Arrington
7. *Mother's Birthplace,* Ag Hesville Carroll Co Md
8. *Full Name of Father,* George Holsman
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Ag Hesville Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 No Appleton St

Remarks,

8970005882

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85-847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 24
4. *Place of Birth, (Street and Number)* 9 S Valley St
5. *Full Name of Mother,* Mary Lanegan
6. *Mother's Maiden Name,* Mary Redmond
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Lanegan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Cunningham

Address,

Remarks,

8 9 7 0 0 0 5 8 8 3

Wm J C. Dulany Co., City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH. 85848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 & Sr.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 25th 97
4. Place of Birth, (Street and Number) 1954 Payson St
5. Full Name of Mother, L. Hinckhouse
6. Mother's Maiden Name, " Hubes
7. Mother's Birthplace, Balto Co.
8. Full Name of Father, H. Hinckhouse
9. Father's Occupation Plumber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, L. F. Fry M.D.

Address, 2470 Arnold Hill Ave.

Remarks,

8970005884

Wm. J. C. Dulany Co., City Printers and Stationers.

1248.]

RETURN OF A BIRTH. 85849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 8 th

1. *Sex,* (*state whether male or female*) male

2. *Race or Color,* (*if not of the white race*) white

3. *Date of Birth,* 25 Sep 1897

4. *Place of Birth,* (*Street and Number*) 1712 William St

5. *Full Name of Mother,* Kate Brenner

6. *Mother's Maiden Name,* Kate Heil

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* George Brenner

9. *Father's Occupation* Labor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks, 8970005885

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health, in the form of a certificate the birth of any child shall occur without the attendance of a physician or practitioner in the manner and within the period above required, and attendance upon its birth to the Commissioner of Health. In case no other person be in child to report its birth to the Commissioner of Health, or should no or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 26. 1897
4. *Place of Birth, (Street and Number)* Cor Front & Bath
5. *Full Name of Mother,* Mrs Maggie Smith
6. *Mother's Maiden Name,* Miss Maggie Long
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles Smith
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Dr. A. L. Gage.

Address, 1539 E Monument St

Remarks,

8970005886

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 26th 1897 2 A.M.
4. *Place of Birth, (Street and Number)*	343 N. Eutaw St.
5. *Full Name of Mother,*	Martha Walston Edwards
6. *Mother's Maiden Name,*	Martha Walston
7. *Mother's Birthplace,*	Nashville Tenn
8. *Full Name of Father,*	Elijah Edwards
9. *Father's Occupation*	Actor
10. *Father's Birthplace,*	Providence R. Island
Name of Medical Attendant, or other person who makes this Return,	Donna Anna Waldron M.D.
Address,	928 Madison Ave,
Remarks,	8970005887

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 85852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 25th — 1897
4. *Place of Birth, (Street and Number)* 1635 N Fulton
5. *Full Name of Mother,* Cora B. ~~Enwright~~ Shearer
6. *Mother's Maiden Name,* — — Shearer
7. *Mother's Birthplace,* Parkersburg W. Va
8. *Full Name of Father,* Ch. W. Enwright
9. *Father's Occupation* Pattern Maker
10. *Father's Birthplace,* Parkersburg

Name of Medical Attendant, or other person who makes this Return, W. Fakemp

Address, 305 N Green St

Remarks, 1 8 9 7 0 0 0 5 8 8 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[348.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practitioner in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 20th 1897

4. Place of Birth, (Street and Number) 1111 Division St

5. Full Name of Mother, Annie Goldsborough

6. Mother's Maiden Name, Annie Small wood

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John H. Goldsborough

9. Father's Occupation Paperhanger

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Charlotte Goldsborough

Address, 1111 Division Street

Remarks, 8970005889

Wm. J. C. Dulany Co., City Printers and Stationers.

One

RETURN OF A BIRTH. D5-854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Berger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Wednesday Sept. 22nd 1897.
4. Place of Birth, (Street and Number) 2101 Division St.
5. Full Name of Mother, Jennie Berger
6. Mother's Maiden Name, Tachs
7. Mother's Birthplace, Russia
8. Full Name of Father, ~~Harris~~ (Hess) Berger
9. Father's Occupation, Merchant Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. H. Feldmann

Address, 1013 E. Lombard St.

Remarks, 8970005890

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

1236.]

RETURN OF A BIRTH. 85855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 23 — 1897
4. *Place of Birth, (Street and Number)* 460 S. Eden St.
5. *Full Name of Mother,* Hellen D. Amrose
6. *Mother's Maiden Name,* Mathews
7. *Mother's Birthplace,* Talbot Co. Md
8. *Full Name of Father,* Louis Amrose
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 9 7 0 0 0 5 8 9 1

Health. This schedule shall contain a list of the births which have occurred under the ... or her care during the ... month, and shall set forth as far as the same can be ascertained the ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the ... said schedule shall be delivered, duly signed by the practitioner in the ... third day of each and every month ... of a physician or practitioner of ... shall occur, without the attendance ... immediately thereafter it shall become ... attendance upon the mother, immediately ... of Health, in the manner ... child to report its birth to the Commissioner of Health, in the manner ... with the provisions of this section shall be sub- ... any such person or persons who shall hereafter fail to comply with ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 85856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 births & 3 children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23rd of September 1897
4. *Place of Birth, (Street and Number)* 17-07 William st
5. *Full Name of Mother,* Mary Geneva Browning
6. *Mother's Maiden Name,* Mary Geneva Connelly
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James Connelly
9. *Father's Occupation* Retinner
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, No Doctor required

Address, Mrs E Donaldson Midwife

Remarks, No 19 Heath street

8 9 7 0 0 0 5 8 9 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 85857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th September 1897
4. Place of Birth, (Street and Number) William 17 A B street
5. Full Name of Mother, Dora Philips
6. Mother's Maiden Name, Dora Kirby
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joseph Kirby
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, No Doctor required

Address, Mrs C Donaldson Midwife

Remarks, Mother & child doing well

8 9 7 0 0 0 5 8 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 25858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept. 24th 1887.
4. Place of Birth, (Street and Number) Baltimore University Maternity
5. Full Name of Mother, Mary Elizabeth Jones
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Hutton
9. Father's Occupation Liquor Salesman
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, Henry J. Kirby M.D.

Address, Baltimore University Hospital

Remarks,

8770005894

Wm. J. C. Dulany Co,. City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 85859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 25 — 1897
4. Place of Birth, (Street and Number) 1629 E. Lombert St.
5. Full Name of Mother, Margaret E. Friel
6. Mother's Maiden Name, Dunn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Patrick Friel
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return: Mary Stein

Address, 1427 E. Oratt St

Remarks,

897 0005895

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 26th 1897.
4. *Place of Birth, (Street and Number)* Baltimore Univ Maternity
5. *Full Name of Mother,* Sarah C. Stone
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Leonardtown Md.
8. *Full Name of Father,* Lord Hebb
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Leonardtown Md.

Name of Medical Attendant, or other person who makes this Return, Henry J. Hinkel M.D.

Address, Baltimore Univ Hospital.

Remarks, Premature birth with retained placenta (Pregnancy term at about 8 months) (Malarial history)

0 0 0 5 8 9 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 9-8-49

RETURN OF A BIRTH. 75-861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Nellie Grace ~~Christopher~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep 26 Hill Ave
4. Place of Birth, (Street and Number) 2598 Druid Hill Ave
5. Full Name of Mother, Caroline ~~Christopher~~ Korb
6. Mother's Maiden Name, Caroline ~~Korb~~ Korb
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John M ~~Christopher~~
9. Father's Occupation, Car Builder
10. Father's Birthplace, Balt County

Name of Medical Attendant, or other person who makes this Return, Mrs B Donnelly

Address, 135 Walash St

Remarks, no

8470005897

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 85862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 27 — 1897
4. Place of Birth, (Street and Number) 740 S. Broadway
5. Full Name of Mother, Rose Restivo
6. Mother's Maiden Name, Restivo
7. Mother's Birthplace, Italy
8. Full Name of Father, Mariano Restivo
9. Father's Occupation Fruit Dealer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970005898

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept. 28, (89)
4. *Place of Birth, (Street and Number)*	1515 Riggs av.
5. *Full Name of Mother,*	Ida Meekins.
6. *Mother's Maiden Name,*	" Bjister.
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	W. E. Meekins.
9. *Father's Occupation*	Letter carrier.
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Alvin Edward Janney
Address,	837 N Eutaw St
Remarks,	

8 4 7 U 0 0 5 8 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 85-864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Sept 27th 1897
4. Place of Birth, (Street and Number) #2323 Druid Hill ave
5. Full Name of Mother, Hattie W Edwards
6. Mother's Maiden Name, " " Skinner
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Morton Benson Edwards
9. Father's Occupation Insurance Agt
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke, M.D.

Address, 914 N. Charles St

Remarks,

8 9 7 0 0 0 5 9 0 0

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 85-865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether 1st, 2d, 3d, &c.*~~)

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or Color,* (~~*if not of the*~~ *white race*)
3. *Date of Birth,* Sept 27th 1897
4. *Place of Birth,* (*Street and Number*) 1409 W. Laurele
5. *Full Name of Mother,* Emma V. Schoenewolf
6. *Mother's Maiden Name,* Emma V. Milburn
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Christian F. Schoenewolf
9. *Father's Occupation* Grocryman
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Dr. Theodore Cooke

Address, 914 N. Charles St

Remarks,

8970005901

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH. 85866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White Child
3. *Date of Birth,*	27th September 1899
4. *Place of Birth, (Street and Number)*	Fredrick St. No. 1407 E.
5. *Full Name of Mother,*	Annie Fallen
6. *Mother's Maiden Name,*	" Klavunder
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Heinrich Klavunder
9. *Father's Occupation*	Soldier
10. *Father's Birthplace,*	Island
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaeffer
Address,	1708 Fort Ave L.C.
Remarks,	

8 9 7 0 0 0 5 9 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d,~~ 3d, ~~&c.~~)

1. *Sex,* (~~state whether male or~~ *female*)
2. *Race or Color,* (~~if not of the~~ *white* ~~race~~)
3. *Date of Birth,* Sept 28th 1897 = 9 30 P.M.
4. *Place of Birth,* (*Street and Number*) 401 S Ann St
5. *Full Name of Mother,* Mary E. Hopp
6. *Mother's Maiden Name,* " " Wiener
7. *Mother's Birthplace,* Balti
8. *Full Name of Father,* Christian Hopp
9. *Father's Occupation* Canner
10. *Father's Birthplace,* Balti

Name of Medical Attendant, or other person who makes this Return, A Sregd Thorkes MD

Address, 25 W Preston St

Remarks, Instrumental

8970005903

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) Fifth

1. *Sex,* (~~state whether male or~~ *female*)
2. *Race or Color,* (~~if not of the~~ *white* ~~race~~)
3. *Date of Birth,* Sept 28 1897 5 P.M.
4. *Place of Birth,* (*Street and Number*) 105 West Barre St
5. *Full Name of Mother,* Ida Astrosky
6. *Mother's Maiden Name,* Speilman
7. *Mother's Birthplace,* "Russia"
8. *Full Name of Father,* Abraham Astrosky
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Abraham Astrosky Mt.

Address, 25 W. Preston St

Remarks,

8 9 7 0 0 0 5 9 0 4

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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nonth, and shall set forth as far as the same can be ascertai
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health. In the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85-869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 9th of Sept-
4. *Place of Birth, (Street and Number)* 209 N. Montgomery st-
5. *Full Name of Mother,* Josephine Hill
6. *Mother's Maiden Name,* " " Williams
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Robt F. Hill
9. *Father's Occupation,* Trailer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Priscilla C Taylor

Address, 626 N. Eutaw st Balto Md

Remarks,

8 7 0 0 0 5 9 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* September 19. 1897. 8 ½ A.M.
4. *Place of Birth, (Street and Number)* 1117 N. Mount Street.
5. *Full Name of Mother,* Margaret J. O'Brien
6. *Mother's Maiden Name,* Margaret J. Moulton
7. *Mother's Birthplace,* Salto City
8. *Full Name of Father,* Charles J. O'Brien
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Salto City

Name of Medical Attendant, or other person who makes this Return, William J. Todd M.D.

Address, Mt Washington Md

Remarks,

8970005906

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 85871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept. 1897
4. *Place of Birth, (Street and Number)* 305 W. West Street
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,* Annie Dare
7. *Mother's Birthplace,* Calvert County
8. *Full Name of Father,* Isaiah Dare
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Calvert County

Name of Medical Attendant, or other person who makes this Return, Well as can be expected B.

Address, 1132 Warner Street

Remarks, Well as can be expected

8 9 7 0 0 0 5 9 0 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 85872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept. 23, 1897
4. Place of Birth, (Street and Number) 2506 E. North Ave.
5. Full Name of Mother, Annie Kress
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, N. Kress
9. Father's Occupation, Florest
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return B. P. Muse, M.D.

Address,

Remarks,

8 9 7 0 0 0 5 9 0 8

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[illegible] would have sent sooner but escaped my memory until to-day (28th Sept

GIVEN NAME ADDED

RETURN OF A BI[redacted]H. 85873

To the Office of Registrar of Vital Statistics, Board of [redacted] Baltimore City.

Name: Harry Wilson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 24 / 97
4. Place of Birth, (Street and Number) 805 Spring al
5. Full Name of Mother, Mary Wilson
6. Mother's Maiden Name, Cooper
7. Mother's Birthplace, Va
8. Full Name of Father, Wm Wilson
9. Father's Occupation
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Sirius Wright

Address, 814 Ensor St

Remarks,

8970005909

month, and shall set forth as far as the same can be ascertained the (full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BI[illegible]H.

To the Office of Registrar of Vital Statistics, Board of [illegible], Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Sept 24
4. Place of Birth, (Street and Number) Dolores street 805
5. Full Name of Mother, Mrs Mary wiscon
6. Mother's Maiden Name, Mary Cooper
7. Mother's Birthplace, Fe Jenica C
8. Full Name of Father, Will u m will
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Maria Right

Address, 814 Ennsor st

Remarks, 7 Mounth Child

Duplicate

8970005910

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

RETURN OF A BIRTH. 85874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Arthur ~~Walter~~ Just

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 1 1897
4. Place of Birth, (Street and Number) 1039 Maldeis St. Balto Md.
5. Full Name of Mother, Martha Ottilie Just
6. Mother's Maiden Name, Martha Ottilie Kretchmar
7. Mother's Birthplace, Dresden Germany
8. Full Name of Father, Friedrich Paul Just
9. Father's Occupation Baker
10. Father's Birthplace, Bautzen Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W. Cross st.

Remarks,

8 9 7 0 0 0 5 9 1 1

Baltimore under whose charge [illegible] on blank schedule, to be furnished by the Commissioner of register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[...]RM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 3rd 1897
4. *Place of Birth, (Street and Number)* Patterson Ave
5. *Full Name of Mother,* Florence Laura
6. *Mother's Maiden Name,* Florence Ferme
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Harry Laura
9. *Father's Occupation* Laundryman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Quigg

Address, 2225 Bank St.

Remarks, City

8 9 7 0 0 0 5 9 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 85876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 2nd 1897
4. *Place of Birth, (Street and Number)* 248 Fair Ave.
5. *Full Name of Mother,* Pauline Adams
6. *Mother's Maiden Name,* Pauline Noir.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George T. J. Adams.
9. *Father's Occupation* Milder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Conway

Address, 225 Bank St. City

Remarks,

8 9 7 0 0 0 5 9 1 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

Registrar of Vital Statistics, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 6th 1897.
4. *Place of Birth, (Street and Number)* 116 Milton Ave.
5. *Full Name of Mother,* Catherine Klausenney
6. *Mother's Maiden Name,* Catherine Purzey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Victor Klausenney
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Pregey.

Address, 2221 Bank St.

Remarks, City

8 9 7 0 0 0 5 9 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236

RETURN OF A BIRTH. 85878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* ~~Color~~ White

3. *Date of Birth,* ~~Balto City~~ Sept 6

4. *Place of Birth, (Street and Number)* 1420 Patapsco Street

5. *Full Name of Mother,* Mary Julia Simon

6. *Mother's Maiden Name,* Mary Julia Buckley

7. *Mother's Birthplace,* Calvert County

8. *Full Name of Father,* John A Simon

9. *Father's Occupation* Driver

10. *Father's Birthplace,* Balto City Md

Name of Medical Attendant, or other person who makes this Return, Mrs Banger

Address, 711 N. Gross st.

Remarks, 8970005915

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the physician or practitioner in case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. Should no other person shall become and within the period above required, and in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 85879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 7th 1897

4. Place of Birth, (Street and Number) 1143 Dexter st. Balto. Md.

5. Full Name of Mother, Barba. Gramblitt.

6. Mother's Maiden Name, Barba. Smith

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry. V. Gramblitt.

9. Father's Occupation Boilermaker

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 N. Cross St

Remarks,

8 9 7 0 0 0 5 9 1 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 7th 1897
4. Place of Birth, (Street and Number) 118 S. Exeter st.
5. Full Name of Mother, Lizzie Cohen
6. Mother's Maiden Name, Lil Stein
7. Mother's Birthplace, Europe
8. Full Name of Father, Moses Cohen
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8770005917

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th of September
4. *Place of Birth, (Street and Number)* 1152 Hamburge St.
5. *Full Name of Mother,* Minnie Dickel
6. *Mother's Maiden Name,* Minnie Dickel
7. *Mother's Birthplace,* Gardenville Baltimore County
8. *Full Name of Father,* Christian Dickel
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W. Crosset

Remarks,

8 9 7 0 0 0 5 9 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

FM 1236

RETURN OF A BIRTH. 85882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 7th Sept.
4. *Place of Birth, (Street and Number)*	135 W Clement Street
5. *Full Name of Mother,*	Minnie Miller
6. *Mother's Maiden Name,*	Minnie Wroselman
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Henry Miller
9. *Father's Occupation*	Coal Dealer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 N. Grosset
Remarks,	

8 4 7 0 0 0 5 9 1 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 6-21-57

RETURN OF A BIRTH. 85883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Jessie Miller

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 9th 1897
4. *Place of Birth, (Street and Number)* 210 S. High st.
5. *Full Name of Mother,* Belle Miller
6. *Mother's Maiden Name,* Belle Clotsman
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Barney Miller
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970005920

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) female

Race or Color, (if not of the white race) white race

Date of Birth, Sept. 10

Place of Birth, (Street and Number) Baltimore 763 St. Peter St.

Full Name of Mother, Mary Juister.

Mother's Maiden Name, — Bauer.

Mother's Birthplace, Germany

8. Full Name of Father, Carl Juister.

9. Father's Occupation Harness Maker

0. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Cross St

Remarks,

8 9 7 0 0 0 5 9 2 1

Health. This schedule shall c
month, and shall set forth as f
been conferred) its sex, color, t
said schedule shall be delivered
third day of each and every m
shall occur without the attenda
attendance upon the mother, in
child to report its birth to the Co
any such person or persons who s
jected to the fine of ten (10) dollar

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK D SAFETY FIL

[Form 1236.]

RETURN OF A BIRTH. 85885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 4th 1897
4. *Place of Birth, (Street and Number)* 221 Ossie St
5. *Full Name of Mother,* Emma Krepp
6. *Mother's Maiden Name,* Emma Schwager
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Krepp
9. *Father's Occupation* Store Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E Poggy

Address, 222 Bank St

Remarks, City

8 9 7 0 0 0 5 9 2 2

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. [illegible]ny Co., City Print[illegible] Stationers.

M 1236]

Health. This schedule shall contain a list of the births which have occurr[illegible] ...er his [illegible] ...ing the month, and shall set forth as far as the same can be ascertained the full name [illegible] each chil[illegible] ...all have been conferred) its sex, color, the full name and occupation of its parents, the date and place [illegible] and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate betwee[illegible] first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 10th
4. Place of Birth, (Street and Number) 2039 Hanover St.
5. Full Name of Mother, Mrs Ella Nora Davis
6. Mother's Maiden Name, Ella Nora Schmidt
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles Samuel Davis
9. Father's Occupation Stone Cutter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Benge

Address, 711 W. Cross St.

Remarks,

8 9 7 0 0 0 5 9 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 85887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 12th 1897
4. *Place of Birth, (Street and Number)* 2217 Eastern Ave.
5. *Full Name of Mother,* Mary Drawn
6. *Mother's Maiden Name,* Mary Barthth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Drawn
9. *Father's Occupation* Holder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Gregory

Address, 2324 Bank St City

Remarks,

8970005924

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236]

RETURN OF A BIRTH. 86888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	15 Septbr 97
4. *Place of Birth, (Street and Number)*	623 Race St
5. *Full Name of Mother,*	Margaretha Schwarzenbach
6. *Mother's Maiden Name,*	Kinkeler
7. *Mother's Birthplace,*	born Garland Md
8. *Full Name of Father,*	C F Schwarzenbach
9. *Father's Occupation*	clerk
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	N S Bange
Address,	711 N. Gross st.
Remarks,	8970005925

Baltimore under whose charge a child is born, shall enter the same on blank schedule, to be furnished by the Registrar, and shall enter the name on blank schedule, to be furnished by the Registrar, and shall enter the same on blank schedule, to be furnished by the Registrar, and shall enter the same on blank schedule, to be furnished by the Registrar, and shall enter the same

1236

RETURN OF A BIRTH. 85889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th Sept
4. Place of Birth, (Street and Number) 851 Woodward st
5. Full Name of Mother, Carrie T. Rehmert
6. Mother's Maiden Name, Wise
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles R. Rehmert
9. Father's Occupation Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bunge

Address, 74 W. Cross st

Remarks, 8970005926

Baltimore [illegible] and shall enter the same on blank schedule, to be [illegible] under his or her care during the register of such birth, and shall contain a list of the births which have occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1286

RETURN OF A BIRTH. 85890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 11 September
4. Place of Birth, (Street and Number) Ld. 661
5. Full Name of Mother, Caroline Schmitt
6. Mother's Maiden Name, Caroline Kirch
7. Mother's Birthplace, Germany
8. Full Name of Father, Rudolph Schmitt
9. Father's Occupation Restaurant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Curtis St.

Remarks,

8 9 7 0 0 0 5 9 2 7

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 17th 1897.
4. *Place of Birth, (Street and Number)*	505 Hanover St Balto Md
5. *Full Name of Mother,*	Mary Agnes Beatty
6. *Mother's Maiden Name,*	Mc Call
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	William Beatty Jr.
9. *Father's Occupation*	Horse-Shoer
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs Bangs
Address,	711 N. Gross St
Remarks,	

8 4 7 0 0 0 5 9 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[...]M 1236.]

RETURN OF A BIRTH. 85892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 18th 1897

4. Place of Birth, (Street and Number) 40 Pontent St

5. Full Name of Mother, Florence Murray

6. Mother's Maiden Name, Florence Faulk

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Steve Murray

9. Father's Occupation Fahrer Danger

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary C. Peregoy

Address, 2220 Bank St

Remarks, City

8 9 7 0 0 0 5 9 2 9

[...] register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-20-60

[redacted] RETURN OF A BIRTH. 85893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irene Gladness Bury

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th Sept 1897
4. Place of Birth, (Street and Number) 1012 Cross St
5. Full Name of Mother, Maggie Bury
6. Mother's Maiden Name, Kenney
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, David Bury
9. Father's Occupation Glass Worker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Gilmor

Remarks,

8 9 7 0 0 0 5 9 3 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 18th 1897
4. Place of Birth, (Street and Number) 204 Albemarle st.
5. Full Name of Mother, Anna Stadthalter
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Ignedut Stadthalter
9. Father's Occupation Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970005931

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 15th 1897
4. *Place of Birth, (Street and Number)* 302 N. Exeter st.
5. *Full Name of Mother,* Dora Lampe
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Michael Lampe.
9. *Father's Occupation*
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970005932

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St. ~~Male~~ child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 20
4. Place of Birth, (Street and Number) Ostend St 708
5. Full Name of Mother, Louisa Knopf
6. Mother's Maiden Name, Louisa Schweikart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Emil Knopf
9. Father's Occupation Beer Brewer
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Wm Bange

Address, 711 Nebrass St.

Remarks,

8 9 7 0 0 0 5 9 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 83-897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 23rd 1897
4. Place of Birth, (Street and Number) 845 Columbia Ave
5. Full Name of Mother, Elizabeth Keefer Feast
6. Mother's Maiden Name, " " Riall
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Alfred Eustace Feast
9. Father's Occupation lithographer
10. Father's Birthplace, Canada

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W. Cross St.

Remarks,

8 9 7 0 0 0 5 9 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236.]

RETURN OF A BIRTH. 85-898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	23. September
4. *Place of Birth, (Street and Number)*	1331. Eastern. Avenue.
5. *Full Name of Mother,*	Wilhelmine Stumpf.
6. *Mother's Maiden Name,*	Wilhelmine Norberg.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Willi Stumpf.
9. *Father's Occupation*	Maschinist.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Mary Glass.
Address,	N. 9. N. Wolfe. Street.
Remarks,	

8 9 7 0 0 0 5 9 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-15-59

RETURN OF A BIRTH. 83-899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Adolph Frank Waldman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 24, 1917.
4. Place of Birth, (Street and Number) 1001 S Caey Street
5. Full Name of Mother, Lena Waldman
6. Mother's Maiden Name, Lena Ruth
7. Mother's Birthplace, Russia
8. Full Name of Father, George Waldman
9. Father's Occupation Salesman Kelp
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Bonge

Address, 711 N. Broadway

Remarks,

8770005936

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th September
4. *Place of Birth, (Street and Number)* 729 N. Gross St Balt. No.
5. *Full Name of Mother,* Emma Braun
6. *Mother's Maiden Name,* Emma Krauth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Martin Braun
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Baugh

Address, 711 N. Gross St.

Remarks,

8 9 7 0 0 0 5 9 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 25th
4. Place of Birth, (Street and Number) 1210 Warren St
5. Full Name of Mother, Annie Greene Maguire
6. Mother's Maiden Name,
7. Mother's Birthplace, England
8. Full Name of Father, Edward P Greene
9. Father's Occupation Statistician
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 Cross St

Remarks,

8970005938

Wm. J. C. Dulany Co., City Printers and Stationers.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

child to a person or persons who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician or if it shall become the duty of the person or parents of such third day of each and every month to the office of the practitioner of midwifery, of the person to be in said schedule shall be delivered, duly signed by the practitioner of midwifery, and the certificate between the first child been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have

RETURN OF A BIRTH. 85902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th day of September 1897
4. *Place of Birth, (Street and Number)* 217 W. Mulberry St
5. *Full Name of Mother,* Mrs. Hulda S. Müller
6. *Mother's Maiden Name,* Miss Hulda Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr. Anton Müller
9. *Father's Occupation* Restaurant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 No Poppleton St

Remarks,

8970005939

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236.]

RETURN OF A BIRTH. 85903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6.
1. *Sex, (state whether male or female)*	Girl.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	27. September.
4. *Place of Birth, (Street and Number)*	107. Register. St.
5. *Full Name of Mother,*	Pauline Maier.
6. *Mother's Maiden Name,*	Pauline Biskadet.
7. *Mother's Birthplace,*	Germania.
8. *Full Name of Father,*	Gregor Maier.
9. *Father's Occupation*	Labourer.
10. *Father's Birthplace,*	Germania.
Name of Medical Attendant, or other person who makes this Return,	Mary K. Coss.
Address,	N. 9. N. Wolfe. Street.
Remarks,	

8 9 7 0 0 0 5 9 4 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 28/97
4. *Place of Birth, (Street and Number)* 2321 Eastern Ave
5. *Full Name of Mother,* Theda J. Poetter
6. *Mother's Maiden Name* Theda J. Hidden
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Philip W. Poetter
9. *Father's Occupation* Carriage Maker
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return W. Bashiell M.D.

Address, 2340 Madison Avenue

Remarks, Born 6.15 P.M.

8970005941

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

the full name of each child, (if any shall have
month, and shall set forth as far as the same can be ascertained, the
of its parents, the date and place of birth, and the
been conferred,) its sex, color, the full name and occupation of its par
said schedule shall be delivered, duly signed by the practitioner in the
third day of each and every month to the office of the Commissioner
shall occur without the attendance of a physician or practitioner
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with the
jected to the fine of ten (10) dollars for each offence, to be recovered as

RETURN OF A BIRTH. 85905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Sept 4th 1897

4. *Place of Birth, (Street and Number)* Maternity 115 W. Lanvale

5. *Full Name of Mother,* Fannie Braun

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* —

9. *Father's Occupation* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. A. Blanchard M.D.

Address, 115 W Lanvale St

Remarks,

8 9 7 0 0 0 5 9 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 4th 1897
4. *Place of Birth, (Street and Number)* 115 W Lanvale
5. *Full Name of Mother,* Blanche Norman
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* maryland
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. A. Blanchard M.D.

Address, 115 W. Lanvale St

Remarks,

8 9 7 0 0 0 5 9 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 28th 1897
4. *Place of Birth, (Street and Number)* maternité 115 W. Lanvale
5. *Full Name of Mother,* Mary Lavin
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. A. Blanchard M.D.

Address, 115 W. Lanvale St.

Remarks,

8 7 0 0 0 5 9 4 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 11th 1897
4. Place of Birth, (Street and Number) Maternité 115 W. Lanvale
5. Full Name of Mother, Sarah Harvey
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. A. Blanchard M.D.

Address, 115 W. Lanvale

Remarks,

8 7 7 0 0 0 5 9 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner required, and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85-909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st " "

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 9-13-97
4. *Place of Birth, (Street and Number)* maternity 115 w Lombard
5. *Full Name of Mother,* Jennie Lind
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J A Blanchard M D 115 W Lombard

Address,

Remarks,

8 4 7 0 0 0 5 9 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. #5910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 13th 1897
4. *Place of Birth, (Street and Number)* Maternity 115 W. Lanvale
5. *Full Name of Mother,* Annie Dahne
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. A. Blanchard M.D.

Address, 115 W. Lanvale St.

Remarks,

8 9 7 0 0 0 5 9 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 17th 1897
4. *Place of Birth, (Street and Number)* maternité 115 w Lanvale
5. *Full Name of Mother,* Anna Wilson
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. A. Blanchard M.D.

Address, 115 W Lanvale St

Remarks,

8 7 7 0 0 0 5 9 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8572/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 20th 1897
4. *Place of Birth, (Street and Number)* Maternité 115 W. Lanvale st
5. *Full Name of Mother,* Sarah Coleman
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, A. Blanchard M.D.

Address, Maternité 115 W. Lanvale st

Remarks,

8770005949

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 22nd 1897
4. *Place of Birth, (Street and Number)* Maternité 115 W. Lombard
5. *Full Name of Mother,* Annie Howard
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. A. Blanchard M.D. 115 W. Lombard St

Address,

Remarks,

8970005950

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 22 and 1897
4. *Place of Birth, (Street and Number)* Maternité 115 W. Lombard
5. *Full Name of Mother,* Ella Lawrence
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. A. Blanchard M.D.

Address, 115 W Lombard St

Remarks,

8 9 7 0 0 0 5 9 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a fact of the birth which have occurred in the first month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 24th 1897
4. Place of Birth, (Street and Number) Maternité 115 W Lombard
5. Full Name of Mother, Tillie Clark
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. A. Blanchard M.D.

Address, 115 W. Lombard St

Remarks,

8970005952

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85916

GIVEN NAME ADDED 11-4-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Amelia Jones Johnson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 24th 1897
4. *Place of Birth, (Street and Number)* Maternity 115 W Lanvale
5. *Full Name of Mother,* Amelia Johnson
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. A. Blanchard M.D.

Address, 115 W. Lanvale St

Remarks,

8970005953

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85-913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 28th '97
4. *Place of Birth, (Street and Number)* Maternity 115 W. Lanvale
5. *Full Name of Mother,* Emma Dreher
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. A. Blanchard

Address, 115 W. Lanvale St

Remarks,

8970005954

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Sept 21/97
4. *Place of Birth, (Street and Number)* 801 Bruce
5. *Full Name of Mother,* Maggie Statemann
6. *Mother's Maiden Name,* Maggie Boone
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Chas Statemann
9. *Father's Occupation* Lab
10. *Father's Birthplace,* Ohio

Name of Medical Attendant, or other person who makes this Return, Jean Woodland

Address,

Remarks,

8970005955

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

16

RETURN OF A BIRTH. 85919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 2/97
4. Place of Birth, (Street and Number) 1826 N. Fulton ave
5. Full Name of Mother, Effie Louise Barrett
6. Mother's Maiden Name, " " Norris
7. Mother's Birthplace, Carroll Co. Md.
8. Full Name of Father, Frank Mayo Barrett
9. Father's Occupation Stenographer
10. Father's Birthplace, Mass.

Name of Medical Attendant, or other person who makes this Return, Jas. E. Gilbons M.D.

Address, 1102 W. Lafayette ave

Remarks,

8 9 7 0 0 0 5 9 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

GIVEN NAME ADDED 4-6-57

RETURN OF A BIRTH. 85920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irene Elizabeth ~~Ridgely~~ Casler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 3d 1897
4. *Place of Birth, (Street and Number)* 1604 Mt Royal Av
5. *Full Name of Mother,* Katrina Casler
6. *Mother's Maiden Name,* " Harrison
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Jno Casler
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, Louis Huck

Address, 647 N Fayette Av

Remarks,

8970005957

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of the Commissioner of Health, in the attendance upon the mother, immediately thereafter it shall become the duty of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th of September 97
4. *Place of Birth, (Street and Number)*	2161 Galveston Road
5. *Full Name of Mother,*	Veronika Vehrer
6. *Mother's Maiden Name,*	Veronika Wellein
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John M. Vehrer
9. *Father's Occupation*	Schuhemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W Pratt St
Remarks,	

8970005958

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6th of September 97.
4. *Place of Birth, (Street and Number)*	503 Pulaski St
5. *Full Name of Mother,*	Clara Dehoff
6. *Mother's Maiden Name,*	Clara Jens
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Jesse Dehoff
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Kuester Midwife
Address,	2116 W Pratt St
Remarks,	

8970005959

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12th of September 92
4. *Place of Birth, (Street and Number)*	2116 Mary Ann St
5. *Full Name of Mother,*	Mina Hirschkie
6. *Mother's Maiden Name,*	Mina Gamek
7. *Mother's Birthplace,*	Polen
8. *Full Name of Father,*	Carls Hirschkie
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Polen
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	2116 W Pratt St
Remarks,	

8 4 7 0 0 0 5 9 6 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-7-56

RETURN OF A BIRTH 85924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Melva Elizabeth Day

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I (Twins) I

1. Sex, (State whether male or female) Male and Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept 13-97
4. Place of Birth, (Street and Number) 26 S. Mount St
5. Full Name of Mother, Florence Ives D. Day.
6. Mother's Maiden Name, Tibbals.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Alvey U. Day
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Fredk. Co. Md.

Name of Medical Attendant, or other person who makes this Return. Dr. J. Wm. Funck

Address, 101 N. Fulton Avenue, Baltimore

Remarks,

J. Wm Funck M.D.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

B 7 0005961

WM. J. C. BULLAMY & CO., CITY PRINTERS AND STATIONERS.

1236.]

RETURN OF A BIRTH. 85925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Sept 15th
4. *Place of Birth, (Street and Number)* 531 N Fawsett
5. *Full Name of Mother,* Hattie Griffin Smith
6. *Mother's Maiden Name,* " Griffin
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Samuel D Smith
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, John G Huck

Address, 649 W Lafayette Ave

Remarks, 8970005962

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* Col'
3. *Date of Birth,* Aug 18/97
4. *Place of Birth, (Street and Number)* 24 Simon Al
5. *Full Name of Mother,* Lizzie Mitchell
6. *Mother's Maiden Name,* Lizzie Smith
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Wm Mitchell
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Jane Woodland (Midwife)

Address,

Remarks,

8970005963

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, September 16, 1917
4. Place of Birth, (Street and Number) 121 N Montgomery
5. Full Name of Mother, Ida Fokes
6. Mother's Maiden Name, Ida Gross
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Plyler Fokes
9. Father's Occupation Farmer
10. Father's Birthplace, Calvert Co

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 910 Leaden Hall St

Remarks,

8970005964

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 85928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept. 15-97
4. Place of Birth, (Street and Number) 1610 Harlem Ave.
5. Full Name of Mother, Maggie C. Godman.
6. Mother's Maiden Name, Camden.
7. Mother's Birthplace, Annapolis, Md.
8. Full Name of Father, Geo. Wm. Godman
9. Father's Occupation, Dealer in Dressed Beef
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. J. Wm. Funck Md.

Address, DR. J. WM. FUNCK, 101 N. FULTON AVENUE, BALTIMORE.

Remarks,

8 9 7 0 0 0 5 9 6 5

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 16 - 1897
4. *Place of Birth, (Street and Number)* 522 Madison St Walterly
5. *Full Name of Mother,* Margaret Cunn
6. *Mother's Maiden Name,* Thompson
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,* Willman Cunn
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Ampolis

Name of Medical Attendant, or other person who makes this Return, Mrs Margaret Hinkle

Address, 1544 N Fremont St ~~Wood~~ Bdtr

Remarks, / / none /

8970005966

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236.]

RETURN OF A BIRTH. 85930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 1, 1897.
4. Place of Birth, (Street and Number) 30 High St.
5. Full Name of Mother, Celie Jacobs
6. Mother's Maiden Name, " Harris
7. Mother's Birthplace, Russia
8. Full Name of Father, Aaron Jacobs
9. Father's Occupation Taylor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman.

Address, 42 Albemarle St.

Remarks,

8 9 7 0 0 0 5 9 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85931

GIVEN NAME ADDED 10-31-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jessie Myerberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 1, 1897.
4. *Place of Birth, (Street and Number)* 505 E. Balto. St.
5. *Full Name of Mother,* Fannie Myerberg
6. *Mother's Maiden Name,* " Celsksy.
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Henry Myerberg.
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman.

Address, 42 Albemarle St.

Remarks,

8970005968

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1230.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 5-31-56

RETURN OF A BIRTH. 85932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Catherine Gulden

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 1, 1897.
4. Place of Birth, (Street and Number) No. 1608 Lamont ave.
5. Full Name of Mother, Mary Gulden.
6. Mother's Maiden Name, Mary Baker
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, David Gulden
9. Father's Occupation Painter
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Aug. A. Clewell M.D.

Address, 1741 Hanford ave.

Remarks,

8 9 7 0 0 0 5 9 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

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RM 1236.]

RETURN OF A BIRTH. 85933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* September 2 1897.
4. *Place of Birth, (Street and Number)* No. 819 E. Eager Street.
5. *Full Name of Mother,* Annie Loetell
6. *Mother's Maiden Name,* Annie Tufts.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Loetell
9. *Father's Occupation* Cigar Maker.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Aug. A. Clewell M.D.

Address, 1741 Harford ave.

Remarks,

8970005970

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 85934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 2. 1897.
4. *Place of Birth, (Street and Number)*	260 Exeter St.
5. *Full Name of Mother,*	Eda Rosenberg
6. *Mother's Maiden Name,*	" Vex
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Joe Rosenberg
9. *Father's Occupation*	Taylor
10. *Father's Birthplace,*	Russia.
Name of Medical Attendant, or other person who makes this Return,	Mrs. E. Scherman.
Address,	42 Albemarle St.
Remarks,	

8970005971

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85935

GIVEN NAME ADDED 1-18-26

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ROSE SILVERMAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 2 1897
4. *Place of Birth, (Street and Number)* 1105 Madison St
5. *Full Name of Mother,* Yetta Silverman
6. *Mother's Maiden Name,* " Adovitch
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Joseph Silverman
9. *Father's Occupation* Bottle Man
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman

Address, 42. Albemarle St.

Remarks,

8 9 7 0 0 0 5 9 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Charles Herbert Bayley.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 3 / 97.
4. Place of Birth, (Street and Number) 1531 Madison Ave
5. Full Name of Mother, Maude T. Bayley
6. Mother's Maiden Name, Maude E. Tonge
7. Mother's Birthplace, Bainbridge Ga
8. Full Name of Father, Henry M. Bayley M.D.
9. Father's Occupation, Physician
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Henry M. Bayley M.D.

Address, 1531 Madison Ave

Remarks, Henry M. Bayley M.D.

2/12/37. 8970005973

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of said schedule shall be delivered, duly signed by the practitioner shall occur without the attendance of a physician or practitioner attendance upon the mother, immediately thereafter it shall be child to report its birth to the Commissioner of Health, in the any such person or persons who shall hereafter fail to comply jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 3, 1897
4. *Place of Birth, (Street and Number)*	Harrison St. 216
5. *Full Name of Mother,*	Fannie Goldfarb
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Nathan Goldfarb.
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs. E. Scherman
Address,	42 Altemarle St.
Remarks,	

8 9 7 0 0 0 5 9 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85-938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept. 5 '97

4. Place of Birth, (Street and Number) 1416 N. Gay St.

5. Full Name of Mother, Annie Gradinger

6. Mother's Maiden Name, Raacke

7. Mother's Birthplace, Germany

8. Full Name of Father, Carl Gradinger

9. Father's Occupation Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St.

Remarks,

8 9 7 0 0 0 5 9 7 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 85939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Sept 3. August 3 1897
4. Place of Birth, (Street and Number) 805 Lexington st.
5. Full Name of Mother, Annie Goldberg.
6. Mother's Maiden Name, Annie Gluechoff
7. Mother's Birthplace, Russia
8. Full Name of Father, Eik Goldberg.
9. Father's Occupation Butcher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherman

Address, 42 Albemarle st

Remarks, City.

8 9 7 0 0 0 5 9 7 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 85940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 4, 1897
4. *Place of Birth, (Street and Number)* 790 Cannon St.
5. *Full Name of Mother,* Mary Bittner
6. *Mother's Maiden Name,* Mary Allen
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Conrad Bittner
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8970005977

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the the full name and occupation of its parents, the date and place of birth; and the been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85-941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether ~~male~~ or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 4th 1897
4. *Place of Birth, (Street and Number)* #630 S. Bond St
5. *Full Name of Mother,* Mary Balubis.
6. *Mother's Maiden Name,* Mary Kuck.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Balubis.
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return, Annie Grotmal.

Address, #1710 Alice Anna St

Remarks, None

8 4 7 0 0 0 5 9 7 8

Wm. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 85942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 4 1897

4. Place of Birth, (Street and Number) 124 Caroline St

5. Full Name of Mother, Anna Dennick

6. Mother's Maiden Name, Anna Bollman

7. Mother's Birthplace, Balto.

8. Full Name of Father, Louis Dennick

9. Father's Occupation Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Isaac L. Isaacs

Address, 124 S. Caroline St.

Remarks,

1897 0005979

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

Expired 11/30/1910

RETURN OF A BIRTH. 85943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept. 5, 1897
4. *Place of Birth, (Street and Number)* 829 Chesapeake St.
5. *Full Name of Mother,* Elizabeth Jones
6. *Mother's Maiden Name,* Elizabeth Stockman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Alonzo Jones
9. *Father's Occupation* Brakeman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 820 S. Canton St.

Remarks,

8 9 7 0 0 0 5 9 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 5th 1897
4. *Place of Birth, (Street and Number)* 14 Rogers av.
5. *Full Name of Mother,* Dora Foskewitz
6. *Mother's Maiden Name,* — Fabida
7. *Mother's Birthplace,* — Follen
8. *Full Name of Father,* Cimon Foskewitz
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Follen

Name of Medical Attendant, or other person who makes this Return, H. Fluider M.D.

Address, 143 N. Front St

Remarks,

8970005981

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether ~~male~~ or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 5th 1897
4. *Place of Birth, (Street and Number)* 113 Harper St
5. *Full Name of Mother,* Mary Osink
6. *Mother's Maiden Name,* Mary Belcak
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* John Osink.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return. Annie Grohmel.

Address, # 1710 Alice Anna St

Remarks, None

1897 0005982

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 85946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept. 6, 1897
4. *Place of Birth, (Street and Number)* 910 Stare St.
5. *Full Name of Mother,* Susan Volz
6. *Mother's Maiden Name,* Susan Butz
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Volz
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8970005983

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 85947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept. 6, 1897
4. Place of Birth, (Street and Number) 30 Robinson St.
5. Full Name of Mother, Francis Fisher
6. Mother's Maiden Name, Francis Lucline
7. Mother's Birthplace, Balto.
8. Full Name of Father, Adam Fisher
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8 9 7 0 0 0 5 9 8 4

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	Sept 1. 99.
4. *Place of Birth, (Street and Number)*	Md. Genl. Hosp.
5. *Full Name of Mother,*	Hannah Bowen
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Reisterstown Md.
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	M. L. Todd
Address,	Md. Genl. Hosp.
Remarks,	

8970005985

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care, during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 3rd
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Lattie Holmes
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J D Lovell M.D.

Address, 622 W Lombard

Remarks,

8970005986

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Sept 4'19
4. *Place of Birth, (Street and Number)* Md Gen. Hosp.
5. *Full Name of Mother,* Ada B. Brackett
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Unknown
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M L Tall

Address, Md Gen Hosp

Remarks.

8 4 7 0 0 0 5 9 8 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date of birth, and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 85951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 5th
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Grace Merzon
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jas. D. Love

Address, 622 W Lombard.

Remarks,

8970005988

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 17
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Pinkie Bantum
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D Loor

Address, 622 W Lombard

Remarks,

8970005989

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 17
4. Place of Birth, (Street and Number) 632 W Lombard
5. Full Name of Mother, Ella Smith
6. Mother's Maiden Name, " "
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J D Love M D

Address, 632 W Lombard

Remarks,

8970005990

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1245.]

RETURN OF A BIRTH. 85954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Sept. 20th 1897
4. Place of Birth, (Street and Number) 1 H H.
5. Full Name of Mother, Jane Brown
6. Mother's Maiden Name, "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unmarried
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. McDaniel M.D.

Address, John Hopkins Hospital

Remarks,

8 9 7 0 0 0 5 9 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 22
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Fannie Cordery
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D Lord M.D.

Address, 622 W Lombard

Remarks,

8470005992

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 22
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Alice Rider
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jas. D Love

Address, 622 W Lombard

Remarks,

8970005993

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Sept. 28 97

4. Place of Birth, (Street and Number) 826 N Pearl St

5. Full Name of Mother, Mary Smith

6. Mother's Maiden Name, " "

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, G. W. Slater M.D.

Address, 1703 W Fayette

Remarks, 8970605994

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 30
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Helen Fitzpatrick
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J D Love M.D.

Address, 622 W Lombard

Remarks,

8970005995

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 30
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Ethel Washington
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. D. Love M. D.

Address, 622 W Lombard

Remarks,

8970005996

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236.]

RETURN OF A BIRTH. 89960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black.
3. *Date of Birth,* Sept. 30th 1897
4. *Place of Birth, (Street and Number)* J. H. H.
5. *Full Name of Mother,* Gertie Cook.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Unmarried
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mr. McDaboy MD

Address, John Hopkins Hospital

Remarks,

8 9 7 0 0 0 5 9 9 7

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 85961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 11 97
4. Place of Birth, (Street and Number) 302 S. Ann Ste.
5. Full Name of Mother, Katie Schütte
6. Mother's Maiden Name, " Volk
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Schütte
9. Father's Occupation Machinist
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970005998

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Septber 1st 1897
4. *Place of Birth, (Street and Number)* S. Spring Street 409
5. *Full Name of Mother,* Emily Korber
6. *Mother's Maiden Name,* Emily Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Philip Korber
9. *Father's Occupation* Potter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Kron, Midwife

Address, 1922 E. Fayette Street

Remarks,

8970005999

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

GIVEN NAME ADDED 1-31-57

RETURN OF A BIRTH. 85963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Clarence Herbert Hughes

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 1, 1897.
4. Place of Birth, (Street and Number) 2835 Huntingdon ave.
5. Full Name of Mother, Sarah Jane Hughes.
6. Mother's Maiden Name, Crabtree.
7. Mother's Birthplace, Md.
8. Full Name of Father, Edward Everett Hughes.
9. Father's Occupation Stone Cutter.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Litchfield M.D.

Address, 291 Chestnut ave.

Remarks,

8970006000

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-12-56

RETURN OF A BIRTH. 85-964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lyle Cummins Ray

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Sept. 2nd '97
4. Place of Birth, (Street and Number) 3057 W. Lafayette ave.
5. Full Name of Mother, Grace Pauline Ray
6. Mother's Maiden Name, Grace Pauline Cummins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles William Ray
9. Father's Occupation Cashier of Balt. Building & Loan Assn.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Fitzpatrick M.D.

Address, Woodbrook

Remarks, City

847000600 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[...m 1236]

RETURN OF A BIRTH. 85965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 2 th September 1899.
4. *Place of Birth, (Street and Number)* 811. Forster Conn.
5. *Full Name of Mother,* Anna Tribull.
6. *Mother's Maiden Name,* Jan Kowitch
7. *Mother's Birthplace,* Baltimore ~~Germany~~
8. *Full Name of Father,* Frank Tribull.
9. *Father's Occupation* Germany
10. *Father's Birthplace,* Labror

Name of Medical Attendant, or other person who makes this Return, Mrs P. Leersemann.

Address, 2922 Elliott St.

Remarks,

8 9 7 0 0 0 6 0 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 85-966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 2/97
4. *Place of Birth, (Street and Number)* 2531 Eastern Ave.
5. *Full Name of Mother,* Annie Connelley
6. *Mother's Maiden Name,* " McDonough
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Martin Connelley
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Disinhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970006003

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex, (state whether male or female)* feamel
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 2 1897
4. *Place of Birth, (Street and Number)* 20 32 carroll st
5. *Full Name of Mother,* selina M Williams
6. *Mother's Maiden Name,* edrington
7. *Mother's Birthplace,* fredisburgurg Va
8. *Full Name of Father,* Brabert f Williams
9. *Father's Occupation* secion hand in cotton
10. *Father's Birthplace,* Baltimore + Mills County

Name of Medical Attendant, or other person who makes this Return,

Address, 575 Shickory ave Baltimore

Remarks, Martha E King

8970006004

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 3 1897
4. *Place of Birth, (Street and Number)* 229 Jefferson Waverly City
5. *Full Name of Mother,* Lucie Driver
6. *Mother's Maiden Name,* Ellis
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John E Driver
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Hyoung Westbrook M.D.

Address, 237 Gorsuch Ave City

Remarks,

8970006005

Wm J. C. Dulany Co., City Printers and Stationers

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Sept. 4 '99.
4. *Place of Birth, (Street and Number)* 925 Myrtle Ave.
5. *Full Name of Mother,* Bertina Phillips
6. *Mother's Maiden Name,* " Burney.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John C Phillips
9. *Father's Occupation* Lab.
10. *Father's Birthplace,* Kagnesville

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, M. D. Gen. Hosp.

Remarks,

8970006006

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 85970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	Sept 4 99
4. *Place of Birth, (Street and Number)*	Md Genl. Hosp.
5. *Full Name of Mother,*	Mamie Montague
6. *Mother's Maiden Name,*	[illegible]
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Wm. Jones.
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	M L Trail
Address,	Md Genl. Hosp.
Remarks,	

8970006007

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Sept 2 '92
4. Place of Birth, (Street and Number) Md. Genl. Hosp.
5. Full Name of Mother, Mary Jackson.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Harry Smith
9. Father's Occupation Lab.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, A L Todd

Address, Md. Genl Hosp.

Remarks,

8970006008

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236

RETURN OF A BIRTH. 85972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 7 97
4. Place of Birth, (Street and Number) 247 S. Montford Ave.
5. Full Name of Mother, Mamie Gross
6. Mother's Maiden Name, Krebs
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jacob Gross
9. Father's Occupation Laberer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 6 0 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

GIVEN NAME ADDED. 2-14-58

RETURN OF A BIRTH. 85973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Theodore Shaffer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 4, 1897.
4. Place of Birth, (Street and Number) 445 24½ St.
5. Full Name of Mother, Mary C. Shaffer.
6. Mother's Maiden Name, Bellanca.
7. Mother's Birthplace, Pa.
8. Full Name of Father, Theodore Franklin Shaffer.
9. Father's Occupation Railroader.
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8470006010

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

12 95.]

RETURN OF A BIRTH. 85974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 4th 1897
4. *Place of Birth, (Street and Number)* John Hopkins Hospital
5. *Full Name of Mother,* Annie Harmeyer
6. *Mother's Maiden Name,* " Haasberg
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Harmeyer
9. *Father's Occupation* Street-car Conductor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. H. Dabney M.D.

Address, John Hopkins Hospital

Remarks,

8 9 7 0 0 0 6 0 1 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 85975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 4/97
4. Place of Birth, (Street and Number) 620 S. Rose St.
5. Full Name of Mother, Julia O'Brien
6. Mother's Maiden Name, Hylands
7. Mother's Birthplace, Ireland
8. Full Name of Father, John O'Brien
9. Father's Occupation Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer

Address, MIDWIFE,

Remarks, 8 9 7 0 0 0 6 0 1 2 2325 Gough St. Baltimore, Md.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85-976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 1-6-97
4. Place of Birth, (Street and Number) 1124 N. McElderry
5. Full Name of Mother, Mary Smith
6. Mother's Maiden Name, Mary Dorsett
7. Mother's Birthplace, Maryland
8. Full Name of Father, Joshua Smith
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, E. Boynton M.D.

Address, 1158 N. Lombard

Remarks,

8970006013

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the (full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained, the
been conferred) its sex, color, the full name and occupation of its pa
said schedule shall be delivered, duly signed by the practitioner in th
third day of each and every month to the office of the Commissione
shall occur without the attendance of a physician or practicner of m
attendance upon the mother, immediately thereafter it shall becom
child to report its birth to the Commissioner of Health, in the manne
any such person or persons, who shall hereafter fail to comply with t
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Sept 5 - 97
4. *Place of Birth, (Street and Number)* 915 Whatcoat St.
5. *Full Name of Mother,* Sophia Johnson.
6. *Mother's Maiden Name,* " Brooks
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jno. Johnson.
9. *Father's Occupation* Driver.
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, Md. Gen. Hosp.

Remarks,

8970006014

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 85978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	Sept 5 91
4. *Place of Birth, (Street and Number)*	407 Hall St.
5. *Full Name of Mother,*	Harriet Dorsey.
6. *Mother's Maiden Name,*	" Smith
7. *Mother's Birthplace,*	Balto. Co.
8. *Full Name of Father,*	Chas Dorsey.
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	M L. Todd
Address,	Md Gen Hosp.
Remarks,	

8970006015

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 85979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 5th 1897
4. *Place of Birth, (Street and Number)*	2231 McElderry Street
5. *Full Name of Mother,*	Wilhelmine Bjen
6. *Mother's Maiden Name,*	Wilhelmine Schantzen
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Johny Bjen
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H. Koon Midwife
Address,	1922 E. Fayette Street
Remarks,	

8 4 7 0 0 0 6 0 1 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 85980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 5th Sept
4. *Place of Birth, (Street and Number)* 921 Sterling St
5. *Full Name of Mother,* Mary Stanley
6. *Mother's Maiden Name,* Mary Brill
7. *Mother's Birthplace,* Penelton Co Kent.
8. *Full Name of Father,* William Stanley
9. *Father's Occupation* Laberrere
10. *Father's Birthplace,* Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return, Mrs. J Bjink Midwife

Address, 1417 E Eager St.

Remarks,

8 9 7 0 0 0 6 0 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[2 35.]

RETURN OF A BIRTH. 85981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 5th 1897
4. *Place of Birth, (Street and Number)* J. H. H.
5. *Full Name of Mother,* Katie Weber
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wm. Weber
9. *Father's Occupation* Cabinet-maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm. McDaniel M.D.

Address, John Hopkins Hospital

Remarks,

8 9 7 0 0 0 6 0 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Registrar of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 5/97
4. *Place of Birth, (Street and Number)* 417 S. Collington Ave.
5. *Full Name of Mother,* Annie Spiegel
6. *Mother's Maiden Name,* " Hunter
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Spiegel
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer.

Address, MIDWIFE,

Remarks, 2215 Gough St. Baltimore, Md.

8 9 7 0 0 0 6 0 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	Sept 6 9)
4. *Place of Birth, (Street and Number)*	Md Genl. Hosp.
5. *Full Name of Mother,*	Carrie Fisher
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Jno Fisher
9. *Father's Occupation*	Lab.
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	M L. Todd.
Address,	Md. Genl. Hosp.
Remarks,	

8970006020

Wm. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 85984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 6/97
4. *Place of Birth, (Street and Number)* 220 E. Fayette Sts.
5. *Full Name of Mother,* Annie Deichelmann
6. *Mother's Maiden Name,* " O'Day
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* August Deichelmann
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dirnhofer.

Address, MIDWIFE,

Remarks, 8 9 7 0 0 0 6 0 2 2225 Gough St. Baltimore, Md.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1286]

RETURN OF A BIRTH. 85985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 6/97
4. Place of Birth, (Street and Number) 1741 Canton Ave.
5. Full Name of Mother, Louise Lauterbach
6. Mother's Maiden Name, " Weber
7. Mother's Birthplace, Germany
8. Full Name of Father, John H. Lauterbach
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bissinger.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970006022

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1286.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 6. 1897
4. *Place of Birth, (Street and Number)* Cooper Place № 3
5. *Full Name of Mother,* Margaret McGuire
6. *Mother's Maiden Name,* Margaret Lee
7. *Mother's Birthplace,* ireland
8. *Full Name of Father,* Andrew McGuire
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* ireland

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, № 1922 Milton Ave

Remarks,

8 9 7 0 0 0 6 0 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 6th, 1897
4. Place of Birth, (Street and Number) 711 Gold st.
5. Full Name of Mother, Mrs. Hattie Krueger
6. Mother's Maiden Name, Cooley
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. John H. Krueger.
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Wm E. Miller M.D.

Address, 2239 Pennsylvania Ave.

Remarks,

8970006024

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85-988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Sept. 7th 1897

4. *Place of Birth, (Street and Number)* 47 W Little Mc Elderry

5. *Full Name of Mother,* Mary E. Gray

6. *Mother's Maiden Name,* Mary E. Johnson

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* M. H. Gray

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Boynton M.D.

Address, 115 W Lombard

Remarks,

8970006025

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept. 4th. 1897
4. Place of Birth, (Street and Number) 111 Hamilton St.
5. Full Name of Mother, Emma Matthews
6. Mother's Maiden Name, Emma Baker
7. Mother's Birthplace, Va.
8. Full Name of Father, Walton Matthews
9. Father's Occupation Sailor
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, E. Dayton M.D.

Address, 115 W. Lombard.

Remarks,

8 9 7 0 0 0 6 0 2 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 85-990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 7, 1897.
4. Place of Birth, (Street and Number) 5 Wilson St.
5. Full Name of Mother, Lily May Fuhrman.
6. Mother's Maiden Name, Kelley.
7. Mother's Birthplace, Md.
8. Full Name of Father, Harvey M. Fuhrman.
9. Father's Occupation Laborer.
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 9 7 0 0 0 6 0 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 85991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Myrtle Lillian Marshall

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 7/97
4. Place of Birth, (Street and Number) 2416 Fairmount Ave.
5. Full Name of Mother, Margaretha (Marschalk) Marshall
6. Mother's Maiden Name, Bechtel
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry (Marschalk) Marshall
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bisenhofer.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore Md.

8970006028

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 85992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 7th, 1897.
4. Place of Birth, (Street and Number) 803 Low St.
5. Full Name of Mother, Carrie Konigsberg
6. Mother's Maiden Name, " Glazner
7. Mother's Birthplace, Russia
8. Full Name of Father, Davis Konigsberg
9. Father's Occupation Taylor.
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman.

Address, 42. Albemarle St.

Remarks,

8970006029

Wm. J. C. Dulany Co., City Printers and Stationers.

register of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

RETURN OF A BIRTH. 85993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept. 7 1897
4. *Place of Birth, (Street and Number)* 2814 Dillon St.
5. *Full Name of Mother,* Mary Miller
6. *Mother's Maiden Name,* Ricrig
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Miller
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8 9 7 0 0 0 6 0 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 85994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Sept 8th 1897
4. Place of Birth, (Street and Number) Baltimore Md # 233 Kirby Ave
5. Full Name of Mother, Laura Feehley.
6. Mother's Maiden Name, " Bender
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Feehley.
9. Father's Occupation Motorman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Kraniery.

Address, # 414 S Stricker St. Baltimore

Remarks, Mother and Child are doing well.

8970006031

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236

RETURN OF A BIRTH. 85995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sep 8th 1897
4. Place of Birth, (Street and Number) #111 Leadenhall st
5. Full Name of Mother, Lizzie Vollmann
6. Mother's Maiden Name, Lizzie Hecker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John C. Vollmann Jr
9. Father's Occupation Shipping Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall st

Remarks,

8970006032

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[2 13.]

RETURN OF A BIRTH. 85996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 8th 1897
4. *Place of Birth, (Street and Number)* J. H. H.
5. *Full Name of Mother,* Fannie Meyer
6. *Mother's Maiden Name,* " Golt
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Louis Meyer
9. *Father's Occupation* Furrier
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm. McDaburg MD

Address, Johns Hopkins Hospital

Remarks,

8 9 7 0 0 0 6 0 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 85997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 1 1897
4. *Place of Birth, (Street and Number)* 46 Gotsch avenue
5. *Full Name of Mother,* Mary Lawrence
6. *Mother's Maiden Name,* Emmer
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Joseph Lawrence
9. *Father's Occupation* Brass Moulder
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 224 Gotsch ave

Remarks,

8970006034

Wm. J. C. Dulany Co., City Printers and Stationers.

Note: This certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1336]

RETURN OF A BIRTH. 85-998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 29 7
4. Place of Birth, (Street and Number) 25 N. Castle Str.
5. Full Name of Mother, Kunigunde Strohmenger
6. Mother's Maiden Name, " Stengel
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Strohmenger
9. Father's Occupation Tailor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

897000603 5

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85-949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 8/97
4. *Place of Birth, (Street and Number)* 2306 E. Fayette St.
5. *Full Name of Mother,* Genoveva Weidner
6. *Mother's Maiden Name,* " Balty
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Weidner
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer.

Address, MIDWIFE,

Remarks, 2223 Gough St. Baltimore, Md.

1 8 9 7 0 0 0 6 0 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 8th 1897
4. *Place of Birth, (Street and Number)* # 733 S. Bond St
5. *Full Name of Mother,* Mary Kuzejuska.
6. *Mother's Maiden Name,* Mary Kulakowicz.
7. *Mother's Birthplace,* Austria.
8. *Full Name of Father,* John Kuzejuski.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, # 1710 Alice Anna St

Remarks, none

8 9 7 0 0 0 6 0 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his c: her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336.]

GIVEN NAME ADDED. 5-21-57

RETURN OF A BIRTH. 86001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Bessie Gerber 3rd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 8 1897
4. *Place of Birth, (Street and Number)*	805 Low St.
5. *Full Name of Mother,*	Jennie Gerber
6. *Mother's Maiden Name,*	" Rosenbaum
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Lewis Gerber
9. *Father's Occupation*	Tayloe
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs. E. Scherman
Address,	42. Albemarle St.
Remarks,	

8 4 7 0 0 0 6 0 3 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 8. 1897.
4. *Place of Birth, (Street and Number)*	267 Exeter St.
5. *Full Name of Mother,*	Sarah Dolkin
6. *Mother's Maiden Name,*	" Volakoff
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Harris Dolkin.
9. *Father's Occupation*	Buttonholemaker
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs. E. Schusman
Address,	42. Albemarle St.
Remarks,	

8 9 7 0 0 0 6 0 3 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

ORM 1286.]

RETURN OF A BIRTH. 86003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 8, 1892
4. Place of Birth, (Street and Number) No 1627 Ensor street
5. Full Name of Mother, Ernestina Smith
6. Mother's Maiden Name, Ernestina Ruggles
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Charles Smith
9. Father's Occupation Clerk.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Augs A. Blewell M.D.

Address, 1741 Harford ave

Remarks,

8 9 7 0 0 0 6 0 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

GIVEN NAME ADDED 2-28-56

RETURN OF A BIRTH. 86004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charlotte Lee Wagner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 8, 1897.
4. *Place of Birth, (Street and Number)* No. 1316 Harford ave.
5. *Full Name of Mother,* Clara Wagner
6. *Mother's Maiden Name,* Clara Ness (Ness)
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Jacob Wagner.
9. *Father's Occupation* Wood Carver
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Arig. A. Clewell M.D.

Address, 1741 Harford ave.

Remarks,

8970006041

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236.]

RETURN OF A BIRTH. 86005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Sept 9 th 1897
4. *Place of Birth, (Street and Number)* Calhoune 1322
5. *Full Name of Mother,* Clara Johnson
6. *Mother's Maiden Name,* Clara Young
7. *Mother's Birthplace,* Calvert County Md.
8. *Full Name of Father,* John W Johnson
9. *Father's Occupation* Dementing
10. *Father's Birthplace,* Henry Co Ky

Name of Medical Attendant, or other person who makes this Return, Mariah Jones

Address, 1337 Walcoat St

Remarks,

8 9 7 0 0 0 6 0 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept. 9th, 1897
4. *Place of Birth, (Street and Number)* 123 Rogers Ave.
5. *Full Name of Mother,* Ruth Dennis
6. *Mother's Maiden Name,* Ruth Donthum
7. *Mother's Birthplace,* Unknown
8. *Full Name of Father,* Samuel Burke
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Baynton M.D.

Address, 115 W. Lombard

Remarks,

8970006043

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Septber 9th 1897
4. *Place of Birth, (Street and Number)*	1915 Jefferson Street
5. *Full Name of Mother,*	Amelie Odell
6. *Mother's Maiden Name,*	Amelie Weber
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Will Odell
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	New Jersey
Name of Medical Attendant, or other person who makes this Return,	Mrs H C Brown Midwife
Address,	1922 E Fayette Street
Remarks,	

8970006044

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

RETURN OF A BIRTH. Wood

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 to.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 9th September 189[illegible]

4. Place of Birth, (Street and Number) 3001 O'Donnell st.

5. Full Name of Mother, Lena Petschow

6. Mother's Maiden Name, Wellner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Petschow

9. Father's Occupation Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Siersmann

Address, 2922 Elliott St.

Remarks,

8970006045

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 86009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 9, 1897.
4. Place of Birth, (Street and Number) 405 Fulton st.
5. Full Name of Mother, Matilda Smith.
6. Mother's Maiden Name, Stickle.
7. Mother's Birthplace, Delaware.
8. Full Name of Father, George Smith.
9. Father's Occupation Caller for B. C. R. R.
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8970006045

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 9th September. 1897.
4. *Place of Birth, (Street and Number)* 1224. Canton st.
5. *Full Name of Mother,* Mari Kujafski
6. *Mother's Maiden Name,* Futarski
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Wotek Kujafski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs P. Liersemann

Address, 2922 Elliott St.

Remarks,

8 9 7 0 0 0 6 0 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 86011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, *3d, &c.)*

1. *Sex, (state whether* ~~male~~ *or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 10 1897
4. *Place of Birth, (Street and Number)* 1029 Race St
5. *Full Name of Mother,* Rosa Urspruch
6. *Mother's Maiden Name,* Meller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Urspruch
9. *Father's Occupation* Labes Man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Minich

Address, 800 Leadenhall Street

Remarks,

8 9 7 0 0 0 6 0 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept. 10 1897
4. *Place of Birth, (Street and Number)* 926 Chesapeake St.
5. *Full Name of Mother,* Mary Hall
6. *Mother's Maiden Name,* Mary Price
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* James Hall
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8 9 7 0 0 0 6 0 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] 1236]

RETURN OF A BIRTH. 86013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Airey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh Child.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 10th 1897.
4. Place of Birth, (Street and Number)	Baltimore Md # 1806 Hill St.
5. Full Name of Mother,	Catherine Airey
6. Mother's Maiden Name,	Card
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Airey
9. Father's Occupation	Cigar Maker.
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Fleming
Address,	# 414 S Stricker St. Baltimore Md
Remarks,	Mother and Child are doing well.

8970006050

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 86014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 10, 1897
4. Place of Birth, (Street and Number) No. 1313 Augusta st.
5. Full Name of Mother, Sarah Keenan
6. Mother's Maiden Name, Sarah Hudson
7. Mother's Birthplace, Maryland
8. Full Name of Father, Preston Keenan
9. Father's Occupation Bricklayer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Augs. A. Elwell, M.D.

Address, 1741 Hanford ave

Remarks,

8 4 7 0 0 0 6 0 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar of Births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 11th 1897
4. *Place of Birth, (Street and Number)* # 805 S. Cannon St
5. *Full Name of Mother,* Agata Radiewska.
6. *Mother's Maiden Name,* Agata Sroka.
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Michael Radiewski.
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Annie Grochmal.

Address, # 1710 Alice Anna St

Remarks, none

8 4 7 0 0 0 6 0 5 2

month, and shall set forth as far as the same can be ascertained the
been conferred; it's sex, color, the full name and occupation of its pa
said schedule shall be delivered, duly signed by the practitioner in th
third day of each and every month to the office of the Commissione
shall occur without the attendance of a physician or practicuer of
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manne
any such person or persons who shall hereafter fail to comply with t
jected to the fine of ten (10) dollars for each offence, to be recovered a

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 11th 1897
4. Place of Birth, (Street and Number) 2105 E. Preston St
5. Full Name of Mother, Grace Parchem
6. Mother's Maiden Name, Grace Eichenbrenner
7. Mother's Birthplace, Germany
8. Full Name of Father, August Parchem
9. Father's Occupation Photo Engraver
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, Rosina Brenmueller

Address, 1520 Gay St

Remarks,

8970006053

Wm. J. C. Dulany Co., City Printers and Stationers.

[236.]

RETURN OF A BIRTH. 8601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. th Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept. 11 th 1897

4. *Place of Birth, (Street and Number)* 919 E. Pratt St.

5. *Full Name of Mother,* Bessie Holbarsht.

6. *Mother's Maiden Name,* " Krunenberg

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Hymen Holbarsht

9. *Father's Occupation* Manf. of Clothing

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scheuman.

Address, 42. Albemarle St.

Remarks,

8 9 7 U 0 0 6 0 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 11. 1897.
4. *Place of Birth, (Street and Number)* 416. Pearl St.
5. *Full Name of Mother,* Celia Lazoris
6. *Mother's Maiden Name,* " Klein
7. *Mother's Birthplace,* Russia.
8. *Full Name of Father,* Elick Lazoris
9. *Father's Occupation* Storekeeper.
10. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherman

Address, 42. Albemarle St.

Remarks,

8 7 7 0 0 0 6 0 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 86019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 11/97
4. Place of Birth, (Street and Number) 1109 East Ave.
5. Full Name of Mother, Annie Schmid
6. Mother's Maiden Name, " Engler
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Schmid
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bisenhofer.

Address, MIDWIFE,

Remarks, 8 6 7 0 0 0 6 0 5 2228 Gough St. Baltimore, Md.

Sec. 13. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* September 11th 1897.
4. *Place of Birth, (Street and Number)* 275 E. Chestnut ave. Hampden Balto.
5. *Full Name of Mother,* Mary Elizabeth Sullivan
6. *Mother's Maiden Name,* Mary Elizabeth Lies.
7. *Mother's Birthplace,* Carroll Co.
8. *Full Name of Father,* John Sullivan.
9. *Father's Occupation* Nurse.
10. *Father's Birthplace,* Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, Albert J. Shelley M.D.

Address, 1426 E. Chestnut ave Hampden Balto Co.

Remarks,

8970006057

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Emma Elizabeth Moulsdale

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 11th 1897
4. Place of Birth, (Street and Number) 154 Third Avenue Hampden Balto
5. Full Name of Mother, Florence Moulsdale
6. Mother's Maiden Name, Florence Thompson
7. Mother's Birthplace, Harford County.
8. Full Name of Father, Alfred Moulsdale
9. Father's Occupation Carpenter
10. Father's Birthplace, Harford County

Name of Medical Attendant, or other person who makes this Return, Albert J. Kelley M.D.

Address, 3426 Chestnut Ave. Hampden Balto.

Remarks,

8970006058

SECTION 2.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Septber 11th 1897
4. *Place of Birth, (Street and Number)*	328 S Spring Street
5. *Full Name of Mother,*	Barbara Pfeffer
6. *Mother's Maiden Name,*	Barbara Ulrich
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Pfeffer
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Brown Midwife
Address,	1922 E Fayette St
Remarks,	

8970006059

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 11th 1897
4. *Place of Birth, (Street and Number)*	1926 E Fayette St
5. *Full Name of Mother,*	Amelia Schmidt
6. *Mother's Maiden Name,*	Amelia Meister
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Matthias Schmidt
9. *Father's Occupation*	Harnessmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Brown Midwife
Address,	1922 E Fayette Street
Remarks,	

B 2700006060

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

86.]

RETURN OF A BIRTH. 86024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Sept 4th 1897 White

3. *Date of Birth,* Sept. 11th 1897

4. *Place of Birth, (Street and Number)* 1-11-11.

5. *Full Name of Mother,* Peggie Smith

6. *Mother's Maiden Name,* Belt.

7. *Mother's Birthplace,*

8. *Full Name of Father,* Unmarried

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Hewitt Dabney MD

Address, John Hopkins Hospital

Remarks,

8 9 7 0 0 0 6 0 6 1

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 8800 25

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 11, 1897.
4. Place of Birth, (Street and Number) No. 119 Reese street
5. Full Name of Mother, Mary E. Bundy.
6. Mother's Maiden Name, Mary E. Jones.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Walter Bundy.
9. Father's Occupation Laborer.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Reported by request.

Address,

Remarks,

8 9 7 0 0 0 5 0 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the facts, the date, and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child been conferred, its sex, color, the full name and occupation of its parents, of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86026

CERTIFICATE CORRECTED 2/17/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: CHARLES LOUIS BRENNER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 1/97
4. Place of Birth, (Street and Number) 1817 Alice Anna St
5. Full Name of Mother, Mary ~~Brenner~~ BRENNER
6. Mother's Maiden Name, Mrs. ~~Leil~~ LEE
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Simon ~~Brenner~~ BRENNER
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, Ann St 721 N

Remarks, Baltimore

8 9 7 0 0 0 6 0 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

Registrar of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 2/97
4. Place of Birth, (Street and Number) 613 S. Wolfe St
5. Full Name of Mother, Stanislawa Rudkowska
6. Mother's Maiden Name, St. Gajewska
7. Mother's Birthplace, Germany
8. Full Name of Father, Wladyslaus Rudkowski
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, Ann St No 721.

Remarks, Baltimore

8970006064

Wm. J. C. Dulany Co., City Printers and Stationers.

1238.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 2/97
4. *Place of Birth, (Street and Number)* 1930 Alice Ann St.
5. *Full Name of Mother,* Stanislawa Zawerska
6. *Mother's Maiden Name,* St. Kacmarczak
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michael Zawerski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Bogier

Address, Ann St & B 791

Remarks, Baltimore

8 4 7 0 0 0 6 0 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Uc

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 8 1921
4. *Place of Birth, (Street and Number)* 611 Linn St
5. *Full Name of Mother,* Teny. Janoska
6. *Mother's Maiden Name,* T. Wosniak
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joe Janoski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Bogics

Address, Linn St No 721

Remarks, Baltimore

8 9 7 0 0 0 5 0 6 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 4th Sept 97

4. Place of Birth, (Street and Number) 424 Sanden St

5. Full Name of Mother, Margarett Linthicum Rensell

6. Mother's Maiden Name, Butt

7. Mother's Birthplace, Balto

8. Full Name of Father, Samuel Linthicum

9. Father's Occupation Ship Carpenter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Elizabette Rensell

Address, 650 Fort ave

Remarks,

8970006067

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 86031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5th August 9th
4. *Place of Birth, (Street and Number)* 1113 Riverside Ave
5. *Full Name of Mother,* Elizabeth Schein Lawton
6. *Mother's Maiden Name,* Balt
7. *Mother's Birthplace,* Henry Schein
8. *Full Name of Father,* Balt
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Elizabeth Yewell

Name of Medical Attendant, or other person who makes this Return,

Address, 650 E Fort Ave

Remarks,

8970006068

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 11 94
4. *Place of Birth, (Street and Number)* 730 Ann St
5. *Full Name of Mother,* Michalina Bajes
6. *Mother's Maiden Name,* Micha. Pawlicka
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Bajes
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Henry Bajcs

Address, Ann St 16 721 Baltimore

Remarks, 8 4 7 0 0 0 6 0 6 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the ... been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 8 91
4. *Place of Birth, (Street and Number)* Clement St 447
5. *Full Name of Mother,* Minnie Johson
6. *Mother's Maiden Name,* Minnie Selters
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles W. Johson
9. *Father's Occupation* Seamester
10. *Father's Birthplace,* Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return, Mrs S. A. Dolan

Address, 501 E. Clement St

Remarks,

8 9 7 0 0 0 6 0 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH. 86034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 8/97
4. *Place of Birth, (Street and Number)* 804 Glowes St
5. *Full Name of Mother,* July Gardzielewska
6. *Mother's Maiden Name,* J. Jareszewska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Gardzielewski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, Ann St No 721

Remarks, Baltimore

8970006071

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 5th Sept 97
4. Place of Birth, (Street and Number) 522 Riverside Ave
5. Full Name of Mother, Mary Breeden
6. Mother's Maiden Name, " Morgan
7. Mother's Birthplace, W. Cumberland Co Md
8. Full Name of Father, Jos Breeden
9. Father's Occupation Paper Mills
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other person who makes this Return, Jno E. Yewell

Address, 650 E. Fort Ave

Remarks,

8970006072

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. No 36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Sept 8th 97
4. *Place of Birth, (Street and Number)*	1031 Park ave
5. *Full Name of Mother,*	Margaret E Williams
6. *Mother's Maiden Name,*	Margaret E Roles
7. *Mother's Birthplace,*	Frederick Maryland
8. *Full Name of Father,*	Jay E Williams
9. *Father's Occupation*	Steward
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mary E Fossett
Address,	534 N Dolphin st
Remarks,	not any

8970006073

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 9th Sept 97
4. Place of Birth, (Street and Number) 803 Covington St
5. Full Name of Mother, Margarett Green
6. Mother's Maiden Name, " Graham
7. Mother's Birthplace, Balto
8. Full Name of Father, James Green
9. Father's Occupation Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E. Gould

Address, 650 E Fort Ave

Remarks,

8970006074

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 86038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 11. (6. 30. P. M.)
4. *Place of Birth, (Street and Number)* 26 W. Pratt Street.
5. *Full Name of Mother,* Maggie Abram,
6. *Mother's Maiden Name,* Litwiwicz.
7. *Mother's Birthplace,* ? Russia.
8. *Full Name of Father,* Phillip Abram,
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* ? Russia.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kanne (for the

Address, Mothers Relief Society) 1412 Dutton Place

Remarks,

8970006075

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 86039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 11, 1877
4. Place of Birth, (Street and Number) Orleans Street No 1210
5. Full Name of Mother, Maggie Marie Schmaeke
6. Mother's Maiden Name, " " Carney
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Fred'k W. Schmaeke
9. Father's Occupation Shoemaker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary A Tedley

Address, 1007 East Lexington St

Remarks, 8970006076

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1230 | over.

RETURN OF A BIRTH. 86040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Anastasia Hessian

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 12. (9. 15 A. M.)
4. Place of Birth, (Street and Number) 307 S. Vincent Street.
5. Full Name of Mother, Annie Hessians
6. Mother's Maiden Name, Connor.
7. Mother's Birthplace, St. Clair Co. near Dublin - Ireland - Europe
8. Full Name of Father, John Hessians (+ June 30. 1897)
9. Father's Occupation Laborer.
10. Father's Birthplace, Timonyou.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kaune for the

Address, Mothers Relief Society 1412 Eutaw Place

Remarks,

8970006077

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12th September
4. *Place of Birth, (Street and Number)* Baltimore, Woodward st No 812
5. *Full Name of Mother,* Florence A. Bucklein
6. *Mother's Maiden Name,* Florence A. Mair
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Alfred Bucklein
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mr Mary Ritter

Address, 9812 Hamburg St

Remarks,

8 9 7 0 0 0 6 0 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 12 1842.
4. *Place of Birth, (Street and Number)* No. 1925 Eighth St.
5. *Full Name of Mother,* Alice Pryor
6. *Mother's Maiden Name,* Alice Dole
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Charley Pryor
9. *Father's Occupation* Mechanist
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Aug. A. Clendell M.D.

Address, 1741 Hanford Ave.

Remarks,

8 4 7 0 0 0 6 0 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first 1.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 12 1897
4. Place of Birth, (Street and Number) 428 Gorsuch ave
5. Full Name of Mother, Mary Hall
6. Mother's Maiden Name, Kuhn
7. Mother's Birthplace, Md
8. Full Name of Father, Charles Hall
9. Father's Occupation Clerk
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Hyung Hesthorn MD

Address, 237 Gorsuch ave

Remarks,

8970006080

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 86044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Sept 12 '91
4. Place of Birth, (Street and Number) Md. Genl. Hosp.
5. Full Name of Mother, Lillie Gibson.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Anderson.
9. Father's Occupation Lab.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, Md. Genl. Hosp

Remarks.

8970006081

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 86045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 12th 1897
4. Place of Birth, (Street and Number) 646 Pine St.
5. Full Name of Mother, Lucy Owen
6. Mother's Maiden Name, Lucy Lorkins
7. Mother's Birthplace, Maryland
8. Full Name of Father, Thomas Owen
9. Father's Occupation Sailor
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, E. Boynton M.D.

Address, 1138 W. Lombard

Remarks,

8 9 7 0 0 0 6 0 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White 9x
3. *Date of Birth,* Oct 12
4. *Place of Birth, (Street and Number)* 2870 Lanvale st
5. *Full Name of Mother,* Venettia Flanigan
6. *Mother's Maiden Name,* Venettia Goudeil
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Flanigan
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Duggan

Address, 2864 Lanvale St

Remarks,

8 4 7 0 0 0 6 0 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sep. 13 '97
4. *Place of Birth, (Street and Number)* 1607 N. Castle St
5. *Full Name of Mother,* Elizabeth Bauernschub
6. *Mother's Maiden Name,* " Thom
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Bauernschub
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks,

8 9 7 0 0 0 6 0 8 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 13. 1897.
4. *Place of Birth, (Street and Number)* 15. Exeter St.
5. *Full Name of Mother,* Laura Dolphin
6. *Mother's Maiden Name,* " Baum
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Theo. Dolphin
9. *Father's Occupation* Attorney - at Law.
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman.

Address, 42. Albemarle St.

Remarks,

8970006085

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Th

1. *Sex, (state whether male or ~~female~~).* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 13/97
4. *Place of Birth, (Street and Number)* #702 E. Regester St
5. *Full Name of Mother,* Julia Stawska.
6. *Mother's Maiden Name,* Julia Dobzjewska.
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Joseph Stawski.
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace,* Austra

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, #1710 Alice Anna St

Remarks, None

8 7 0 0 0 6 0 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 13.18.97
4. *Place of Birth, (Street and Number)* Wilhelm St No 21.13
5. *Full Name of Mother,* Margaret Nickell
6. *Mother's Maiden Name,* Margaret Leithneau
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Nickell
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 19.22 Wilkins Av

Remarks,

8 9 7 0 0 0 6 0 8 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[36.]

RETURN OF A BIRTH. 86051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 13 1897
4. Place of Birth, (Street and Number) 1359 Stockton St
5. Full Name of Mother, Frances Sewell
6. Mother's Maiden Name, Frances Lewis
7. Mother's Birthplace, Charles County
8. Full Name of Father, Ignatius Sewell
9. Father's Occupation, Carpenter maker
10. Father's Birthplace, St Marys County

Name of Medical Attendant, or other person who makes this Return, Marie Johns

Address, 1337 Wildcat St

Remarks,

8970006088

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 13/97
4. *Place of Birth, (Street and Number)* 817 Ann St
5. *Full Name of Mother,* France Skoczynska
6. *Mother's Maiden Name,* Fr. Rybicka
7. *Mother's Birthplace,* Ostra
8. *Full Name of Father,* Joci Skoczynski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ostra

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, Ann St No 721

Remarks, Baltimore

8970006089

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86053

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored.

3. *Date of Birth,* Sept. 13th 97.

4. *Place of Birth, (Street and Number)* 102 Pierce St.

5. *Full Name of Mother,* Savannah Lane.

6. *Mother's Maiden Name,* Brewington

7. *Mother's Birthplace,* Clinton North Carolina

8. *Full Name of Father,* George Lane

9. *Father's Occupation,* Blacksmith.

10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8970006090

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236

RETURN OF A BIRTH. 86054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13th of Sept 1897
4. *Place of Birth, (Street and Number)*	Baltimore Md # 2108 Maria Ann
5. *Full Name of Mother,*	Catherine Kuhn
6. *Mother's Maiden Name,*	Herman.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Gustave Kuhn.
9. *Father's Occupation*	Labor.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Dr. Mary Keating
Address,	# 414 S Stricker St. Baltimore Md.
Remarks,	Mother and Child are doing well.

8 9 7 0 0 0 6 0 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236

RETURN OF A BIRTH. 86055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Apr. 14, 1897
4. *Place of Birth, (Street and Number)* 913 Potomac
5. *Full Name of Mother,* Julia O'Neill
6. *Mother's Maiden Name,* Julia Camel
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank O'Neill
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8 9 7 0 0 0 6 0 9 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 86056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 14, 1897
4. *Place of Birth, (Street and Number)* 2480 Foster Ave.
5. *Full Name of Mother,* Mary Botzler
6. *Mother's Maiden Name,* Mary Kuhn
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Botzler
9. *Father's Occupation* Iron molder
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8 9 7 0 0 0 6 0 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236.]

RETURN OF A BIRTH. 86057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 14th 1897
4. *Place of Birth, (Street and Number)* 2629 Francis st
5. *Full Name of Mother,* Alice Lang
6. *Mother's Maiden Name,* Alice Dashiell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ernest Lang
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas H Vogel M.D.

Address, 2212 Evergreen Terrace

Remarks, 8970006094

Wm. J. C. Dulany Co., City Printers and Stationers.

...births which have occurred under his or her care during the ... shall contain a list of the births which have occurred under his or her care during the ... ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 86058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sep 14 - 97
4. Place of Birth, (Street and Number) 1200 Collington Ave. N
5. Full Name of Mother, Mary Andra
6. Mother's Maiden Name, " Tuerke
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm. A. Andra
9. Father's Occupation Shirt Presser
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, Washington & Twenty First St

Remarks,

8 9 7 0 0 0 6 0 9 5

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 86059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14th Sept
4. Place of Birth, (Street and Number) 931 E. Eager St
5. Full Name of Mother, Maggie Farrelly
6. Mother's Maiden Name, Maggie McCall.
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michal Farrelly
9. Father's Occupation Barkeeper
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. J Britt Hendrix.

Address, 1917 E. Eager St.

Remarks,

8770006096

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 14/97
4. *Place of Birth, (Street and Number)* 728 Durcham St
5. *Full Name of Mother,* Agi Kmieciak
6. *Mother's Maiden Name,* A. Sorek
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joci Kmieciak
9. *Father's Occupation* Faborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, Ann St No 721

Remarks, Baltimore

8970006097

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH. 86061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 Sept. 1897
4. Place of Birth, (Street and Number) 534 N. High St
5. Full Name of Mother, Dora Bernstein
6. Mother's Maiden Name, Shafsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Bernstein
9. Father's Occupation shoe maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Wm R Albig

Address, 302 E Lexington St

Remarks,

8 9 7 0 0 0 6 0 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 14/97.
4. Place of Birth, (Street and Number) 2004 Ridgewood Ave.
5. Full Name of Mother, Emma F. Evans.
6. Mother's Maiden Name, Fredrick.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Louis Evans.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, J. H. Armstrong M.D.

Address, 1801 Madison Ave.

Remarks,

8 9 7 0 0 0 6 0 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Form 1236]

RETURN OF A BIRTH. 86063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 9 d.

1. *Sex,* (*state whether male or female*)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Sept. 17. (11. 40. P. M.)
4. *Place of Birth,* (*Street and Number*) 1306 Sargent Street
5. *Full Name of Mother,* Martha Rosa, Hannah Hodgkinson,
6. *Mother's Maiden Name,* Griffith,
7. *Mother's Birthplace,* Clarke Co. Va.
8. *Full Name of Father,* Charles Hodgkinson,
9. *Father's Occupation* Labor.
10. *Father's Birthplace,* Lancashire England.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kanne for the

Address, Mothers Relief Society, 1412 Eutaw Place

Remarks,

8970006100

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14th Sept
4. Place of Birth, (Street and Number) 1603 Holbrook St
5. Full Name of Mother, Ellen Canaway
6. Mother's Maiden Name, Ellen Keating
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Thomas Canaway
9. Father's Occupation Police
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. J Zink Midwife

Address, 1417 E. Eager St.

Remarks,

8 9 7 0 0 0 6 1 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH. 86065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14 Sept
4. Place of Birth, (Street and Number) 1204 Holbrook St.
5. Full Name of Mother, Cathern Leimbach
6. Mother's Maiden Name, Catherine Imrein
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Charles Leimbach
9. Father's Occupation Laberrer
10. Father's Birthplace, Baltimore md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J Zink Midwife

Address, 1417 E. Eager St.

Remarks,

8 9 7 0 0 0 6 1 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 86066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) —

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14 September
4. *Place of Birth, (Street and Number)* 929 Leadenhall St.
5. *Full Name of Mother,* Louisa Haub.
6. *Mother's Maiden Name,* Louisa Ankerau.
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Jakob Haub.
9. *Father's Occupation* Lüber
10. *Father's Birthplace,* Germania.

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 801 Leadenhall Street

Remarks,

8 9 7 0 0 0 6 1 0 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. 86167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marguerite Bowen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Septber 15th 1897

4. Place of Birth, (Street and Number) 432 S Durham St

5. Full Name of Mother, Louise Bowen

6. Mother's Maiden Name, Louise Henckel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Bowen

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Koons, Midwife

Address, 1922 E Fayette Street

Remarks,

8970006104

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1230

RETURN OF A BIRTH. 86168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 15 97
4. *Place of Birth, (Street and Number)* 1430 N. Bond St.
5. *Full Name of Mother,* Annie M. Wittler
6. *Mother's Maiden Name,* " " Boehm
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas. J. Wittler
9. *Father's Occupation* Telegraph Operator
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970006105

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236

RETURN OF A BIRTH. 86069

GIVEN NAME ADDED, 4-25-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frank Joseph

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II. Schumacher

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 15. (9.35. P. M.), 1897
4. Place of Birth, (Street and Number) 654. Mulberry Street.
5. Full Name of Mother, Catherine Schumacher
6. Mother's Maiden Name, Zimmermann,
7. Mother's Birthplace, Blankenfels - Bavaria - Germany
8. Full Name of Father, Ludwig Schumacher,
9. Father's Occupation Cigarmaker.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kanne.

Address, 1412 Gutow Place.

Remarks,

8 9 7 0 0 0 6 1 0 6

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1236.]

RETURN OF A BIRTH. 86070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 15/17
4. *Place of Birth, (Street and Number)* 911 Toll St
5. *Full Name of Mother,* Anne Dobrzycka
6. *Mother's Maiden Name,* A. Fonlaczka
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Dobrzycki
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, Ann St. No 721

Remarks, Baltimore

8970006107

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedules, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date of said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 86071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 15 of September 1897
4. Place of Birth, (Street and Number) 709 Pruch Street
5. Full Name of Mother, Mattie Johnson
6. Mother's Maiden Name, Mattie Hill
7. Mother's Birthplace, Essex Co Va
8. Full Name of Father, Willie Johnson
9. Father's Occupation Labor
10. Father's Birthplace, Mountgiest Essex Co Va

Name of Medical Attendant, or other person who makes this Return, Marry Johns

Address, 1837 Watacout Street

Remarks, 8970006108

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 5 97
4. Place of Birth, (Street and Number) 1329 N Chester St
5. Full Name of Mother, Etta Cohen
6. Mother's Maiden Name, " Schmidt
7. Mother's Birthplace, Germany
8. Full Name of Father, George Cohen
9. Father's Occupation Beer Canvasser
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Keller

Address, 1605 Walker St

Remarks,

8 9 7 0 0 0 6 1 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH 86073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 15. 1897.
4. Place of Birth, (Street and Number) 1106 E. Lombard St.
5. Full Name of Mother, Ida Krentzsky
6. Mother's Maiden Name, " Doredonitch.
7. Mother's Birthplace, Russia
8. Full Name of Father, Philip Krentzsky
9. Father's Occupation Taylor
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman.

Address, 42 Albemarle St

Remarks,

8970006110

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236.]

GIVEN NAME ADDED 6-13-56

RETURN OF A BIRTH. 86074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Juanita Young

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 16, 1897.
4. Place of Birth, (Street and Number) 1 Hill St.
5. Full Name of Mother, Safronia Estella Young.
6. Mother's Maiden Name, Masimer.
7. Mother's Birthplace, Md.
8. Full Name of Father, John L. Young.
9. Father's Occupation Stone Mason.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8970006111

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1886]

RETURN OF A BIRTH. 86075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 16/97

4. Place of Birth, (Street and Number) 37 S. Bond St.

5. Full Name of Mother, Mary Krauss

6. Mother's Maiden Name, " Casey

7. Mother's Birthplace, Balto.

8. Full Name of Father, Charles Krauss

9. Father's Occupation Cigarmr.

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE.

Remarks, 8 9 7 0 0 0 6 | 2225 Gough St. Baltimore, Md.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 16th Sept 97
4. Place of Birth, (Street and Number) 620 Riverside Ave
5. Full Name of Mother, Mary Breeden
6. Mother's Maiden Name, " Casey
7. Mother's Birthplace, Ireland
8. Full Name of Father, Frank Breeden
9. Father's Occupation Laborer
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs C Yowell

Address, 620 E Fort Ave

Remarks,

8970006113

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236.]

RETURN OF A BIRTH. 8607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Thursday September 16
4. Place of Birth, (Street and Number) 1213 Washington St. north,
5. Full Name of Mother, Mary Dickinson Hearn
6. Mother's Maiden Name, Mary Dickinson
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Henry Hearn
9. Father's Occupation Machinist
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, John William Frances M.D.

Address, 1237 N. Gay St.

Remarks,

8 4 7 0 0 0 6 1 1 4

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 16th 1897
4. *Place of Birth, (Street and Number)*	417 N Patterson Park Ave
5. *Full Name of Mother,*	Sara A Spaar
6. *Mother's Maiden Name,*	Sara A Stewart
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Spaar
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Boon, Midwife
Address,	1922 E Fayette Street
Remarks,	

8 9 7 0 0 0 6 1 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

been conferred) its sex, color, the full name and occupation of each child, (if any shall have
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 16 of September 1897.
4. *Place of Birth, (Street and Number)* 1120 Whatcoat St
5. *Full Name of Mother,* Martha Ellen Yilghman
6. *Mother's Maiden Name,* Martha Ellen Johnson
7. *Mother's Birthplace,* Anneranle County Md
8. *Full Name of Father,* Thomas Yilghman
9. *Father's Occupation* Coal driver
10. *Father's Birthplace,* Calvert County Md

Name of Medical Attendant, or other person who makes this Return, Mrs Maria Jones

Address, 1337 Whatcoat St

Remarks,

8 4 7 0 0 0 6 . 1 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

1336.]

RETURN OF A BIRTH. 860 80

CERTIFICATE CORRECTED 8-16-62

To the Office of Registrar of ~~Vital Statistics,~~ Board of Health, Baltimore City.

Name: Frances Tomczewska

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 17/97
4. Place of Birth, (Street and Number) 807 Luzern St
5. Full Name of Mother, Rose ~~Tomczeska~~ Tomczewska
6. Mother's Maiden Name, R. Nowakowska
7. Mother's Birthplace, Germany
8. Full Name of Father, John ~~Tomczeski~~ Tomczewska
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, Ann St No 721

Remarks, Baltimore

8970006117

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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1236

RETURN OF A BIR

To the Office of Registrar of Vital Statistics, Board of Heal, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 17 97
4. Place of Birth, (Street and Number) 625 Hamburg St.
5. Full Name of Mother, Annie W. McLuay
6. Mother's Maiden Name, Kennecke
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm. H. McLuay
9. Father's Occupation Motorman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 6 1 1 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236]

GIVEN NAME ADDED 9-9-38

RETURN OF A BIRTH. 86082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George F. Korte

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 17 '97
4. Place of Birth, (Street and Number) 927 Chesapeake Av.
5. Full Name of Mother, Annie Korte
6. Mother's Maiden Name, " Kahn
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Korte
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970006119

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 86083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September the 17th 1897
4. *Place of Birth, (Street and Number)*	saving St. No 4
5. *Full Name of Mother,*	Johanna Fitzgibbons
6. *Mother's Maiden Name,*	Johanna Dee
7. *Mother's Birthplace,*	ireland
8. *Full Name of Father,*	John Fitzgibbons
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	No 1922 William Ave
Remarks,	

8 9 7 0 0 0 6 1 2 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September the 17. 18. 97
4. *Place of Birth, (Street and Number)*	Fauden Av No 25
5. *Full Name of Mother,*	Catharine newman
6. *Mother's Maiden Name,*	Catharine Lutz
7. *Mother's Birthplace,*	Brooklin New yorke
8. *Full Name of Father,*	george A newman
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	No 1932 Wilkins Av
Remarks,	

8 9 7 0 0 0 6 1 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

1336

RETURN OF A BIRTH. 86085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 17/97
4. Place of Birth, (Street and Number) 510 S. Rose
5. Full Name of Mother, Louise Strobel
6. Mother's Maiden Name, " Loewenstein
7. Mother's Birthplace, New York
8. Full Name of Father, James Strobel
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bisenhofer.

Address, MIDWIFE,

Remarks, 3225 Gough St. Baltimore, Md.

8970006122

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner it shall become the duty of the person or parents of such immediately thereafter. It shall be the manner and within the period above required, and attendance upon the mother, child to report its birth to the Commissioner of Health, in the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 17th. 1897
4. *Place of Birth, (Street and Number)* 2230 Eagle St.
5. *Full Name of Mother,* Carrie Heddinger
6. *Mother's Maiden Name,* Carrie Hecht
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Morce D. Heddinger
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* D.C.

Name of Medical Attendant, or other person who makes this Return, E. Boynton M.D.

Address, 115 N. Lombard

Remarks,

8970006123

month, and shall set forth as far as the same can be ascertained the full [illegible] each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or [illegible] no other person be in attendance upon the mother, immediately thereafter it shall become the duty of [illegible] or parents of such child to report its birth to the Commissioner of Health, in the manner and within the [illegible] above required, and any such person or persons who shall hereafter fail to comply with the provisions of [illegible] shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and [illegible] are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 17' 97
4. Place of Birth, (Street and Number) 1621 Walker St
5. Full Name of Mother, Katie Leppert
6. Mother's Maiden Name, Rebert
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Charles Leppert
9. Father's Occupation Barber
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 605 Walker St

Remarks,

8970006124

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 17/97
4. Place of Birth, (Street and Number) 674 Asquith St
5. Full Name of Mother, Mary Emma Mason
6. Mother's Maiden Name, Mary Emma Hunnicutt
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Samuel Mason
9. Father's Occupation Machinist
10. Father's Birthplace, Delaware Co. Pa.

Name of Medical Attendant, or other person who makes this Return, Ferdinand H. Schultz M.D.

Address, Balto. University Hospital

Remarks,

8970006125

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* (Twins) Male & female
2. *Race or Color, (if not of the white race)* Col'
3. *Date of Birth,* Sept 17/97
4. *Place of Birth, (Street and Number)* 21 W Bruce St
5. *Full Name of Mother,* Kate Sipley
6. *Mother's Maiden Name,* Kate Woodland
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Edw Shipley
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Jane Woodland

Address,

Remarks,

8 9 7 0 0 0 6 1 2 6

Dulany Co. ... inters and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236.]

Every midwife in charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Solomon Kauffman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 18 Sep - 1897
4. Place of Birth, (Street and Number) 411 N. Eutaw A
5. Full Name of Mother, Libbie Kauffman
6. Mother's Maiden Name, Abraham
7. Mother's Birthplace, Russia
8. Full Name of Father, Philip Kauffman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Wm R Ellis

Address, 1302 E Lexington St

Remarks, GIVEN NAME ADDED 1-4-54 L.M.

8 9 7 0 0 0 6 1 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236

RETURN OF A BIRTH. 86091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) II d

1. *Sex,* (*state whether male or female*)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Sept. 18. (12. 30. A. M.)
4. *Place of Birth,* (*Street and Number*) 1011 Burgundy Alley
5. *Full Name of Mother,* Sarah Jane Parker
6. *Mother's Maiden Name,* Gilbert
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* James Hannam Parker
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, E. M. Kenna for the

Address, Mothers Relief Society, 1412 Eutaw Place

Remarks,

8970006128

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

86092

RETURN OF A BIRTH. Nov

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1th

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* September 18/97
4. *Place of Birth,* (*Street and Number*) 1138 Ann St
5. *Full Name of Mother,* Rose Stoykowska
6. *Mother's Maiden Name,* R. Skulc
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jos Stoykowski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, Ann St N 721

Remarks, Baltimore

8970006129

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blanks schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18th of September 92.
4. *Place of Birth, (Street and Number)*	2035 W. Pratt St.
5. *Full Name of Mother,*	Lice Dotterweich
6. *Mother's Maiden Name,*	Lice Schallenberg
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Dotterweich
9. *Father's Occupation*	Saloonkeper
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	2116 W Pratt St
Remarks,	

8970006130

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, September 1 1897
4. Place of Birth, (Street and Number) 413 Dover St
5. Full Name of Mother, Fannie Scott
6. Mother's Maiden Name, Fannie Jones
7. Mother's Birthplace, Summersett Co. Md
8. Full Name of Father, Philip Scott
9. Father's Occupation White Washer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Ch Williams

Address, 91 Eden Hall St

Remarks,

8 9 7 0 0 0 6 1 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 86095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 18. 1897
4. *Place of Birth, (Street and Number)* 300 E. Caroline St
5. *Full Name of Mother,* Ida Seidelsky
6. *Mother's Maiden Name,* Alpert
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abram Seidelsky
9. *Father's Occupation* Grocery
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this return, H. Fleider M.D.

Address, 143 N. Front St

Remarks,

8970006132

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th Child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 18, 1897.
4. *Place of Birth, (Street and Number)*	107. Harrison St.
5. *Full Name of Mother,*	Ida Blumenfeld.
6. *Mother's Maiden Name,*	" Hershenhorn
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Abram Blumenfeld.
9. *Father's Occupation*	Storekeeper.
10. *Father's Birthplace,*	Russia.
Name of Medical Attendant, or other person who makes this Return,	Mrs. E. S Sherman.
Address,	42. Albemarle St.
Remarks,	

8 9 7 0 0 0 6 1 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH. 86097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or supervision a birth shall occur, and ordained that every person practicing midwifery in the City of register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 18. 1897
4. *Place of Birth, (Street and Number)* 1022 E. Fayett St
5. *Full Name of Mother,* Dora Blumental
6. *Mother's Maiden Name,* — Klavansky
7. *Mother's Birthplace,* Russia Korne State
8. *Full Name of Father,* Benjomen Blumental
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia Korne State

Name of Medical Attendant, or other person who makes this Return, H. Grinder M.D.

Address, 143 N. Front St

Remarks,

8970006134

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 18, 1897
4. Place of Birth, (Street and Number) 215. Front St.
5. Full Name of Mother, Celie Siegel
6. Mother's Maiden Name, " Aaronson
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob. H. Siegle.
9. Father's Occupation Travelling Salesman
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman.

Address, 42. Albemarle St.

Remarks,

8970006135

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) feamer
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 18 1894
4. Place of Birth, (Street and Number) 94 Crotto Alley
5. Full Name of Mother, estela Mulligan
6. Mother's Maiden Name, Stiffler
7. Mother's Birthplace, Monkton Baltimore Co
8. Full Name of Father, William Mulligan
9. Father's Occupation Labor
10. Father's Birthplace, Cumbland M D

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E King 545 Fricker ave

Remarks, city

8 9 7 0 0 0 6 1 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 18th 1897
4. Place of Birth, (Street and Number) 2720 Bayard st.
5. Full Name of Mother, Jennie Berthier Shoemaker
6. Mother's Maiden Name, Jennie Berthier
7. Mother's Birthplace, Geneva Switzerland
8. Full Name of Father, Howard C. Shoemaker
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Faneytown, Howard Co. Md

Name of Medical Attendant, or other person who makes this Return, L.B. Marden M.D.

Address, 2910 Huntington Ave

Remarks, Normal L.O.A. case. Both doing well

1897000613 7

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]6.]

[illegible] been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Sept. 18th 1897
4. *Place of Birth, (Street and Number)* J. H. H.
5. *Full Name of Mother,* Mary Anderson
6. *Mother's Maiden Name,* " Dorsey
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Richard Anderson
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Wm. McDubany MD

Address, John Hopkins Hospital

Remarks,

8970006138

Wm. J. C. Dulany Co., City Printers and Stationers.

Ave

RETURN OF A BIRTH. 86102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William E. Portman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Septber 18th 1897
4. Place of Birth, (Street and Number) 487 N Chapel Street
5. Full Name of Mother, Amaly Portman
6. Mother's Maiden Name, " Schaeflein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Portmann
9. Father's Occupation Plumber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H. Brown Midwife

Address, 1922 E Fayette Street

Remarks,

8970006139

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 18/97
4. Place of Birth, (Street and Number) 822 N. Bond st
5. Full Name of Mother, Mabel Herzog
6. Mother's Maiden Name, Mabel Devereaux
7. Mother's Birthplace, Maryland
8. Full Name of Father, Mack Herzog
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Balto city

Name of Medical Attendant, or other person who makes this Return, E. Micheau M.D.

Address, 411 S. Sharp st

Remarks,

8970006140

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 86104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 18th 1897
4. Place of Birth, (Street and Number) 1102 Hanover
5. Full Name of Mother, Mattie A Schaffer
6. Mother's Maiden Name, Mattie Crouch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Schafer
9. Father's Occupation Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks.

Address, 1828 Light Street.

Remarks, doing well.

8470006141

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 86105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 19 1892.
4. Place of Birth, (Street and Number) No. 1919 Union ave.
5. Full Name of Mother, Lina Conn.
6. Mother's Maiden Name, Lina Haupert
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Thornton Conn.
9. Father's Occupation Driver
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elwell, M.D.

Address, 1741 Harford ave.

Remarks,

8 9 7 U 0 0 6 1 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[2361]

RETURN OF A BIRTH. 86106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 19/97
4. *Place of Birth, (Street and Number)* 223 Jefferson St.
5. *Full Name of Mother,* Annie M Mueller
6. *Mother's Maiden Name,* Solbach
7. *Mother's Birthplace,* York. (Pa.)
8. *Full Name of Father,* John M. Mueller
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 U 0 0 6 1 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236

RETURN OF A BIRTH. 86107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 19 (7. 40. P. M.)
4. *Place of Birth, (Street and Number)* 837 Leadenhall Street.
5. *Full Name of Mother,* Bertha Louise, Dorothea Pollhammer
6. *Mother's Maiden Name,* Strohbach
7. *Mother's Birthplace,* Schinne near Stendal - Germany
8. *Full Name of Father,* Anton Pollhammer
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Südenbach near Landshut - Bav. Germany

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kanne (for the

Address, Mothers Relief Society, 1412 Dutaw Place

Remarks,

8970006144

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1286.]

RETURN OF A BIRTH. 86108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	September 19, 1897.
4. *Place of Birth, (Street and Number)*	3415 Chestnut ave.
5. *Full Name of Mother,*	Maggie Wheeler.
6. *Mother's Maiden Name,*	Bond.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Thomas Arthur Wheeler.
9. *Father's Occupation*	Brick-mason.
10. *Father's Birthplace,*	Washington D.C.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

897U006145

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	19th Sept.
4. *Place of Birth, (Street and Number)*	811 William st
5. *Full Name of Mother,*	Annie Logue
6. *Mother's Maiden Name,*	Annie Collins
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Joseph Logue
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	J. Bink
Address,	1417 E Eager st
Remarks,	

8 7 0 0 0 6 1 4 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-7-54

RETURN OF A BIRTH. 86110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clara Louise Shaw

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 19th, 1892
4. Place of Birth, (Street and Number) 2807 E. North Ave.
5. Full Name of Mother, Mrs. Marcella Shaw
6. Mother's Maiden Name, Hughes
7. Mother's Birthplace, Virginia
8. Full Name of Father, Mr. Wm. Thomas Shaw
9. Father's Occupation, Post Office Clerk.
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant or other person who makes this Return, Wm E. Miller, M.D.

Address, 2239 Pennsylvania Ave

Remarks,

8 4 7 0 0 0 6 1 4 7

Register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

1336

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to cumply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverble.

RETURN OF A BIRTH. 86 111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 19/97
4. *Place of Birth, (Street and Number)* 2040 E. Monument St.
5. *Full Name of Mother,* Theresia Hoffmann Mueller
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Hoffman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer,

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970006148

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rules. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5th Child

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Sept 19, 1897.
4. *Place of Birth,* (*Street and Number*) Gough St 1407.
5. *Full Name of Mother,* Fannie Goldstein
6. *Mother's Maiden Name,* " Holzrein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Morris Goldstein
9. *Father's Occupation* Cigarmaker.
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman.

Address, 42 Albemarle St.

Remarks,

8 9 7 0 0 0 6 1 4 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1238.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 19. 1897
4. *Place of Birth, (Street and Number)* Exeter 258.
5. *Full Name of Mother,* Yetta Gatelin
6. *Mother's Maiden Name,* " Feld
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Albert Gatelin
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman.

Address, 42. Albemarle St.

Remarks,

8 4 7 0 0 0 6 1 5 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 20. Sept
4. *Place of Birth, (Street and Number)* 412. N. High St
5. *Full Name of Mother,* Louisa Becher
6. *Mother's Maiden Name,* Louisa Wagner
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* Henrey Becher
9. *Father's Occupation* Boxmanufacturer
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Zink Midwife

Address, 1417. E. Eager St

Remarks,

8 9 7 0 0 0 6 1 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 86115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 20. (3. P. M.)
4. *Place of Birth, (Street and Number)* 26. Poultney Street.
5. *Full Name of Mother,* Marie Salome Kiefer.
6. *Mother's Maiden Name,* Forning.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Johan Gottlieb Kiefer,
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Knielingen near Karlsruhe - Germany.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kanne (for the

Address, Mothers Relief Society) 1412 Dutton Place

Remarks,

8970006152

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Sept 20 97
4. *Place of Birth, (Street and Number)* 1111 Brighton St
5. *Full Name of Mother,* Fanny Dorsey.
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Carroll Co.
8. *Full Name of Father,* Alex Wilson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, Md. Genl. Hosp.

Remarks,

8970006153

Wm. J. C. Dulany Co., City Printers and Stationers

FORM 1236]

RETURN OF A BIRTH. 86117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sep 20 - 97
4. *Place of Birth, (Street and Number)* 1316 N Chester
5. *Full Name of Mother,* Mollie B. Hancock
6. *Mother's Maiden Name,* " " Bailey
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Carl Hancock
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* South America

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary A. Allwell

Address, Washington + Twenty First St

Remarks,

8 9 7 0 0 0 6 1 5 4

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 86118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 20/97
4. Place of Birth, (Street and Number) 2116 Eastern Ave.
5. Full Name of Mother, Annie Brandig
6. Mother's Maiden Name, " Bauer
7. Mother's Birthplace, Balto
8. Full Name of Father, Otto Brandig
9. Father's Occupation Barber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer.

Address, MIDWIFE,

Remarks, 2205 Gough St. Baltimore, Md.

8 9 7 0 0 0 6 1 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 86119

GIVEN NAME ADDED 2-13-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Edmund I Robinson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 20 97
4. *Place of Birth, (Street and Number)* 517 N. Washington St
5. *Full Name of Mother,* Lina Robinson
6. *Mother's Maiden Name,* Waley
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank Robinson
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970006156

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose care or charge it may be born, to be furnished by the Commissioner of Health, on blank schedule, to be furnished by the Commissioner of Health, on blank schedule, to be furnished by the Commissioner of Health, on blank schedule

RETURN OF A BIRTH. 86121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 29 97.
4. Place of Birth, (Street and Number) 926 E Biddle St
5. Full Name of Mother, Anna Cecilia
6. Mother's Maiden Name, Protzman
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Hugo Raschke
9. Father's Occupation Germany
10. Father's Birthplace, Saloon Keeper

Name of Medical Attendant, or other person who makes this Return,

Address, Caroline Miller

Remarks,

8970006158

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 20
4. *Place of Birth, (Street and Number)* 25 Harrison Lane
5. *Full Name of Mother,* Barbara Shaub
6. *Mother's Maiden Name,* Barbara Gettler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Shaub
9. *Father's Occupation* Mechanist
10. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Mary J Dempsey

Address, 2897 Lanvale st

Remarks,

8 7 7 0 0 0 6 1 5 9

Wm. J. C. Dulany Co., City Printers and Stationers

[Form 1236.]

RETURN OF A BIRTH. 86153

CERTIFICATE CORRECTED 7/6/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Vernon Hooper Byus

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 20 1897.
4. Place of Birth, (Street and Number) 1206 Light St.
5. Full Name of Mother, Mary (~~Hamil~~) (~~Burgess~~) Byus
6. Mother's Maiden Name, Mary (~~Hamil~~) Hooper.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel (~~Light~~) (~~Burgess~~) Byus
9. Father's Occupation Clerk.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1828 Light St.

Remarks, Dang Well.

8970006160

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236 |

CERTIFICATE CORRECTED 10-10-57

RETURN OF A BIRTH. 86124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, &c.) 1 Herbert Bachman

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 20, 1897

4. Place of Birth, (Street and Number) 731 Hanover St

5. Full Name of Mother, Maria (Bachmann) Bachman

6. Mother's Maiden Name, Maria Sturm

7. Mother's Birthplace, Germany

8. Full Name of Father, Georg Heinrich (Bachmann) Bachman

9. Father's Occupation, Confection

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Minck

Address, 801 Leadenhall Street

Remarks,

8970006161

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Fulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21 st Sept 1897
4. *Place of Birth, (Street and Number)*	213 Asquith St.
5. *Full Name of Mother,*	Julia Liverman
6. *Mother's Maiden Name,*	" Dishler.
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Lewis Liverman
9. *Father's Occupation*	Taylor
10. *Father's Birthplace,*	Russia.
Name of Medical Attendant, or other person who makes this Return,	Mrs. E. Schuman.
Address,	42. Allemarle St.
Remarks,	

8 9 7 0 0 0 6 1 6 2

Wm. J. C: Dulany Co,. City Printers and Stationers.

1236]

RETURN OF A BIRTH. 88126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) F

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 21/97
4. *Place of Birth, (Street and Number)* 1125 Robinson St.
5. *Full Name of Mother,* Louise Geesenwhite
6. *Mother's Maiden Name,* " Schuelbe
7. *Mother's Birthplace,* " Balto.
8. *Full Name of Father,* Frank Geesenwhite
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970006163

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)* White,
3. *Date of Birth,* September 21st.
4. *Place of Birth, (Street and Number)* No 704 Little Green St,
5. *Full Name of Mother,* Elizebeth Seibert,
6. *Mother's Maiden Name,* Kaiss,
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Charles Seibert
9. *Father's Occupation,* Laborer,
10. *Father's Birthplace,* Balto. City,

Name of Medical Attendant, or other person who makes this Return, [signature]

Address, No 721 Columbia Ave,

Remarks,

8970006164

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September the 21st 1897
4. *Place of Birth, (Street and Number)*	Pratt st No 1919
5. *Full Name of Mother,*	Margaret A Bodenstein
6. *Mother's Maiden Name,*	Margat A Bartenbach
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William J Bodenstein
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs J Kelley
Address,	No 1922 Wilkens Ave
Remarks,	

8 9 7 0 0 0 6 1 6 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236]

RETURN OF A BIRTH. 86129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 21 th September 1897.
4. *Place of Birth, (Street and Number)* 1218. Canton St.
5. *Full Name of Mother,* Male Saworski
6. *Mother's Maiden Name,* — Karwaski
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Saworski
9. *Father's Occupation* Labror.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs P. Lieseman.

Address, 2922 Elliott St.

Remarks,

8 9 7 0 0 0 6 1 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 86130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Sep 21 – 97

4. Place of Birth, (Street and Number) 1826 E Biddle

5. Full Name of Mother, Estelle Poston

6. Mother's Maiden Name, Kane

7. Mother's Birthplace, New York

8. Full Name of Father, John H. Poston

9. Father's Occupation Paper Hanger

10. Father's Birthplace, Ae Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, Washington + Twenty First St

Remarks,

8 9 7 0 0 0 6 1 6 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 86131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 21 1897.
4. Place of Birth, (Street and Number) 1147 Riverside ave.
5. Full Name of Mother, Mary Ellen Garland.
6. Mother's Maiden Name, Mary Ellen ~~Garland~~ Petley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Thomas Garland
9. Father's Occupation Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elsie Brooks

Address, 1828 Light St.

Remarks, Doing Well.

8970006168

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH. 86132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 sec

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 22 sec 1897.

4. Place of Birth, (Street and Number) 1264 Riverside av.

5. Full Name of Mother, Salie B Hooper.

6. Mother's Maiden Name, Salie B. Smith

7. Mother's Birthplace, an. co.

8. Full Name of Father, Benj a Hooper

9. Father's Occupation acid Works.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1828 Light St.

Remarks, Doing Well.

8 7 7 0 0 0 6 1 6 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[M 1236.]

RETURN OF A BIRTH. 86733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 22nd 1897.
4. Place of Birth, (Street and Number) 1094 James alley.
5. Full Name of Mother, Clara annie Smith
6. Mother's Maiden Name, Clara annie Schaffer.
7. Mother's Birthplace, Scranton Pa.
8. Full Name of Father, William Henry Smith
9. Father's Occupation Labor.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizie Brooks.

Address, 1828 Light St.

Remarks, Dang Well.

8970006170

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23rd September 1897.
4. *Place of Birth, (Street and Number)* 1946 William Street.
5. *Full Name of Mother,* Lavee Reberton Sellman
6. *Mother's Maiden Name,* Lavee Reberton Day.
7. *Mother's Birthplace,* Staunton Va.
8. *Full Name of Father,* Rufus Willis Sellman.
9. *Father's Occupation* engineer
10. *Father's Birthplace,* Fredich County Va.

Name of Medical Attendant, or other person who makes this Return, Elizie Brooks.

Address, 1898 Light St.

Remarks, Doing Well.

8970006171

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 22, 1897.
4. *Place of Birth, (Street and Number)* No. 1616 N. Durham st.
5. *Full Name of Mother,* Caroline Hiltz
6. *Mother's Maiden Name,* Caroline Kaempe.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* George L. Hiltz
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Clewell, M.D.

Address, 1741 Harford ave

Remarks,

8970006172

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 86136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 1st 1877

4. *Place of Birth, (Street and Number)* 1520 Barclay St-

5. *Full Name of Mother,* Mary Mc Donough

6. *Mother's Maiden Name,* Mary Croghan

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* Michael Mc Donough

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. Jeffries Bucn

Address, 1051 Augusta St-

Remarks,

8 4 7 0 0 0 6 1 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Sept 1st 1897
4. *Place of Birth, (Street and Number)* 910 N. Duncan alley
5. *Full Name of Mother,* Charlotte Richardson
6. *Mother's Maiden Name,* Warfield
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm H. Richardson
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. Dabney M.D.

Address, John Hopkins Hospital, Baltimore, Md.

Remarks,

8 4 7 0 0 0 6 1 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[236.]

RETURN OF A BIRTH. 86138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 2/97
4. *Place of Birth, (Street and Number)* 1440 Block St
5. *Full Name of Mother,* Kelly Smodrak
6. *Mother's Maiden Name,* K. Smakoska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Nicony Smodrak
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, Ann St No 721

Remarks, Baltimore

8970006175

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as nr as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 3.
4. Place of Birth, (Street and Number) 2412 Biddle St
5. Full Name of Mother, Mamie V Kennedy
6. Mother's Maiden Name, Cohen
7. Mother's Birthplace, St Helena, S C
8. Full Name of Father, William M Kennedy
9. Father's Occupation Insurance collector
10. Father's Birthplace, Fayetteville, N C

Name of Medical Attendant, or other person who makes this Return, Mrs M Foster

Address, 1600 E Lanvale st

Remarks,

8970006176

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236

RETURN OF A BIRTH. 86140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 3rd 97
4. Place of Birth, (Street and Number) 615 N. Port st.
5. Full Name of Mother, Josephine Seuhs
6. Mother's Maiden Name, " Schmidt
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Seuhs
9. Father's Occupation Driver
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, ~~Charles~~ H. A. Meyer M.D.

Address, 1033 N. Caroline str.

Remarks,

8970006177

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Sept 5th 1897

4. *Place of Birth, (Street and Number)* 548 Falls Road

5. *Full Name of Mother,* Nellie Louisa Parsons

6. *Mother's Maiden Name,* Nellie L Hobbs

7. *Mother's Birthplace,* Howard Co Md

8. *Full Name of Father,* Charles Irwin Parsons

9. *Father's Occupation* Tinner

10. *Father's Birthplace,* Balt Co Md

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower M.D

Address, 421 Roland Ave

Remarks,

8970006178

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 6 197
4. *Place of Birth, (Street and Number)* 1604 N Calhoun St
5. *Full Name of Mother,* Mary Sorrell
6. *Mother's Maiden Name,* Mary Jones
7. *Mother's Birthplace,* NC
8. *Full Name of Father,* Henry T. Sorrell
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Canada

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison Av

Remarks,

8970006179

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX & X

1. *Sex,* (state whether male or female) Both Female
2. *Race or Color,* (if not of the white race) Negro
3. *Date of Birth,* Sept 6th 1897
4. *Place of Birth,* (Street and Number) 611 N. Bradford St
5. *Full Name of Mother,* Elizabeth Travers
6. *Mother's Maiden Name,* Baldwin
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Jno. W. Travers
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. Dabney Md.

Address, John Hopkins Hospital, Baltimore, Md.

Remarks, Twins

8970006180

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN [illegible] A BI[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

86144

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 6 97
4. *Place of Birth, (Street and Number)* 240 No Exeter St
5. *Full Name of Mother,* Rebecca Goldstein
6. *Mother's Maiden Name,* Rebecca Ginsberg
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* M. J. Goldstein
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. J. H. Robinson M.D.

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] full name of each child, (if a [illegible] ation [illegible] parents, the date and place of birth; and the [illegible] titioner in the form of a certificate between the first and [illegible] Commissioner of Health. In case the birth of any child [illegible] actioner of midwifery, or should no other person be in [illegible] it shall become the duty of the person or parents of such [illegible] in the manner and within the period above required, and [illegible] to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] said schedule shall be delivered [illegible] third day of each and every mo[illegible] shall occur without the attendance of a phys[illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

RETURN OF A BIR

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

86144

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 6 97
4. *Place of Birth, (Street and Number)*	240 No Exeter St.
5. *Full Name of Mother,*	Rebecca Goldstein
6. *Mother's Maiden Name,*	Rebecca Ginsberg
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	M. J. Goldstein
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	
Remarks,	

18970006181

said schedule shall be delivered,
third day of each and every mon...
shall occur without the attendance of a phys...
immediately thereafter it shall be
attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 86145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 7th 1897
4. *Place of Birth, (Street and Number)*	825 Augusta St
5. *Full Name of Mother,*	Jennie Logan
6. *Mother's Maiden Name,*	" Doney
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Eugene Logan
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr Jefferis Bucn
Address,	1051 Augusta St
Remarks,	

8970006182

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Wht.
3. *Date of Birth,* Sept. 7/97
4. *Place of Birth, (Street and Number)* 1841 N. Fulton Ave.
5. *Full Name of Mother,* Mrs Geo. W. Ross
6. *Mother's Maiden Name,* Laura Moore
7. *Mother's Birthplace,* Charles Co. Md.
8. *Full Name of Father,* Geo. W. Ross
9. *Father's Occupation* R Way Postal Clerk
10. *Father's Birthplace,* Washington Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2531 Penna. Ave.

Remarks,

8970006183

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-25-58

RETURN OF A BIRTH. 86147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Geraldine Sharp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Sept 8th 1897
4. Place of Birth, (Street and Number) 314 N. Eden St
5. Full Name of Mother, Mary Sharp
6. Mother's Maiden Name, " Barnes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Sharp
9. Father's Occupation Boot-black
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Theodore Dalney M.D.

Address, Johns Hopkins Hospital, Baltimore. Md.

Remarks,

8970006184

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Sept 2nd 1917
4. *Place of Birth, (Street and Number)* 318 Harris St
5. *Full Name of Mother,* Annie Warren
6. *Mother's Maiden Name,* " Dawson
7. *Mother's Birthplace,* Anne Arundel Co. Md
8. *Full Name of Father,* Wm. Warren
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* St Marys Co. Md

Name of Medical Attendant, or other person who makes this Return, Mary Dobson Md.

Address, John Hopkins Hospital, Baltimore, Md.

Remarks,

8970006185

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 86149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 10th 97.

4. Place of Birth, (Street and Number) 2405 E. Monument st.

5. Full Name of Mother, Catherine F. Poteet

6. Mother's Maiden Name, Etzel

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Andrew Poteet

9. Father's Occupation Clerk

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. A. Meyer M.D.

Address, 1033 N. Caroline st.

Remarks,

8 9 7 0 0 0 6 1 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH. 86150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First-
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 10th 1892
4. *Place of Birth, (Street and Number)*	722 Aisquith St-
5. *Full Name of Mother,*	Maud Kelly
6. *Mother's Maiden Name,*	Maud Conn
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Kelly
9. *Father's Occupation*	Collector
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. Jefferis Bruce
Address,	1051 Aisquith St-
Remarks,	

8 9 7 0 0 0 6 1 8 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 10 - 97
4. *Place of Birth, (Street and Number)*	604 S. Fremont ave
5. *Full Name of Mother,*	Mary L Kolb Loch
6. *Mother's Maiden Name,*	Mary L. Boeckmann
7. *Mother's Birthplace,*	Balto. md
8. *Full Name of Father,*	Herman B. Kolb Loch
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Balto. md
Name of Medical Attendant, or other person who makes this Return,	Harry Boyd
Address,	677 Columbia ave.
Remarks,	

8 9 7 0 0 0 6 1 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 10 1897
4. Place of Birth, (Street and Number) 1404 Decatur St.
5. Full Name of Mother, Mary Sievert
6. Mother's Maiden Name, Brown
7. Mother's Birthplace, Germany
8. Full Name of Father, William N. Sievert
9. Father's Occupation Printer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Robt. P. G. Schmidt M.S.

Address, 1458 Riverside Ave.

Remarks,

8970006189

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & 2d twins (Twins)

1. Sex, (state whether male or female) Males

2. Race or Color, (if not of the white race) Wht.

3. Date of Birth, Sept 14 1907

4. Place of Birth, (Street and Number) 2336 Druid Hill Ave.

5. Full Name of Mother, Mrs John Carroll

6. Mother's Maiden Name, Nellie Donohue

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Carroll

9. Father's Occupation Motorman

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E A Smith M.D.

Address, 2534 Penna Ave.

Remarks,

8970006190

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept. 11th 1897
4. *Place of Birth, (Street and Number)*	243 Falls Road
5. *Full Name of Mother,*	Frances McCauley
6. *Mother's Maiden Name,*	Frances Rice
7. *Mother's Birthplace,*	Balt. Co. Md
8. *Full Name of Father,*	William M. McCauley
9. *Father's Occupation*	Employee in cotton factory
10. *Father's Birthplace,*	Howard Co. Md
Name of Medical Attendant, or other person who makes this Return,	Geo. T. Shower, M.D.
Address,	421 Roland Ave.
Remarks,	

8970006191

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

86155

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Sept. 14th 1897
4. *Place of Birth, (Street and Number)* 1733 Orleans St
5. *Full Name of Mother,* Eliza Thomas
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Westmoreland Co. Va
8. *Full Name of Father,* Illegitimate Child
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Wm. Sidebaum. M.D.

Address, John Hopkins Hospital. Baltimore. Md.

Remarks,

8970006192

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~2~~ 4th
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 14 97
4. *Place of Birth, (Street and Number)*	1307 Homewood Ave
5. *Full Name of Mother,*	Mrs. Thos. Dawson
6. *Mother's Maiden Name,*	Annie Hummer
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Thos. Dawson
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	J R Johnston MD
Address,	726 E. Preston St
Remarks,	

8970006193

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht
3. Date of Birth, Sept 16/97
4. Place of Birth, (Street and Number) 1930 Walbrook Ave.
5. Full Name of Mother, Mrs Harry O'Day
6. Mother's Maiden Name, Emma Holmes
7. Mother's Birthplace, Talbot Co. Md.
8. Full Name of Father, Harry O'Day
9. Father's Occupation Tin & Shit Iron Workers
10. Father's Birthplace, Talbot Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2531 Penna Ave

Remarks,

8970006194

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH. 86158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 17 th 1897
4. *Place of Birth, (Street and Number)*	918 Druid St
5. *Full Name of Mother,*	Ida Kruss
6. *Mother's Maiden Name,*	Ida Peterson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Bernard J Kruss
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace,*	Hucksters
Name of Medical Attendant, or other person who makes this Return,	Dr. J. Louis Buck
Address,	1051 Augusta St
Remarks,	

8970006195

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Sept. 17th 1897
4. Place of Birth, (Street and Number) 415 N. Dallas St
5. Full Name of Mother, Hester Gumby
6. Mother's Maiden Name, " Carroll
7. Mother's Birthplace, Maryland
8. Full Name of Father, Wm H. Gumby
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm M. Dulany M.D.

Address, Johns Hopkins Hospital

Remarks,

8970006196

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 17 September 1897
4. Place of Birth, (Street and Number) 543 N. Carolton Av.
5. Full Name of Mother, Bertha A. Bishop
6. Mother's Maiden Name, Bertha A. Knapp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Howard G. Bishop.
9. Father's Occupation, Superintendent of Gas Comp.
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return. Dr. F. Reinhard

Address,

Remarks,

8 9 7 0 0 0 6 1 9 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Owen

RETURN OF A BIRTH. 86161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Emma Margarita Kuehn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 18th 1897
4. Place of Birth, (Street and Number) 401 N. Bradford St
5. Full Name of Mother, Elizabeth (Eliza) (Lucy) Kuehn
6. Mother's Maiden Name, Luther
7. Mother's Birthplace, Germany
8. Full Name of Father, Gustav (Gustave) (Adolph) Kuehn
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. Dabney Litt.

Address, Johns Hopkins Hospital

Remarks,

8970006198

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 86162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 Sept.
4. *Place of Birth, (Street and Number)* 579 S. Bethel St.
5. *Full Name of Mother,* Victory Baduda
6. *Mother's Maiden Name,* Ulner
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Frank Baduda
9. *Father's Occupation* Steelworker
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return. Mary Pitt

Address, 838 S. Bond St.

Remarks,

8970006199

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

RETURN OF A BIRTH. 86163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 Sept.
4. *Place of Birth, (Street and Number)* 724 S Dallas St.
5. *Full Name of Mother,* Katie Metz
6. *Mother's Maiden Name,* Kyl
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Metz
9. *Father's Occupation* Hackman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Pett

Address, 838 N Bond St.

Remarks,

8970006200

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

over

RETURN OF A BIRTH. 86164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Charles Bauer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W'te

3. Date of Birth, Sept. 18/97

4. Place of Birth, (Street and Number) 2415 Penna. Ave. Bauer

5. Full Name of Mother, Mrs Chas. (~~Dorris~~) Bauer

6. Mother's Maiden Name, Lizzie Kirkhouse

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Charles (~~Dorris~~) Bauer

9. Father's Occupation Tamaryman

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2531 Penna. Ave

Remarks,

8970006201

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 86165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) LeRoy Bancroft Merriken 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 18th 98

4. Place of Birth, (Street and Number) 1502 N. Caroline St.

5. Full Name of Mother, Lillie Menniken

6. Mother's Maiden Name, Maier

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Henry Menniken

9. Father's Occupation Engraver

10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Hallie H. A. Meyer M.D.

Address, 1033 N. Caroline St.

Remarks, GIVEN NAME ADDED. 11-1-51

8970006202

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Wht.
3. *Date of Birth,*	Sept. 19/97
4. *Place of Birth, (Street and Number)*	2802 N. Fulton Ave.
5. *Full Name of Mother,*	Mrs Waters
6. *Mother's Maiden Name,*	Mary Fuller
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Waters
9. *Father's Occupation*	Conductor
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	E. A. Arnold M.D.
Address,	2531 Penna. Ave.
Remarks,	

8970006203

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Sept 22 1897
4. *Place of Birth, (Street and Number)* 620 N. Eldersley Court
5. *Full Name of Mother,* Isabella French
6. *Mother's Maiden Name,* Gross
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm French
9. *Father's Occupation* oyster shucker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. H. Adams M.D.

Address, John Hopkins Hospital Baltimore, Md.

Remarks,

8970006204

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 Sept.
4. Place of Birth, (Street and Number) Shakespear St. 1607
5. Full Name of Mother, Mary Gatozynsky
6. Mother's Maiden Name, Duklas
7. Mother's Birthplace, Pole
8. Full Name of Father, Andrew Gatozynsky
9. Father's Occupation Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 838 S. Bond St.

Remarks,

8 9 7 0 0 0 6 2 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 20 97
4. *Place of Birth, (Street and Number)*	1323 Nit St.
5. *Full Name of Mother,*	E. Donnelly
6. *Mother's Maiden Name,*	Mc Nally
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Martin L. Donnelly
9. *Father's Occupation*	Motorman
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson
Address,	136 E. Lanvale St
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970006206

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th -

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept - 20th 1897 -
4. Place of Birth, (Street and Number) 611 N. Calvert
5. Full Name of Mother, Mary L. Nichols -
6. Mother's Maiden Name, Mary Lewis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. Emory Nichols -
9. Father's Occupation Baggage Master (Railroad)
10. Father's Birthplace, Maryland -

Name of Medical Attendant, or other person who makes this Return, Eugene Douglass MD

Address, 844 W. North Ave

Remarks,

8970006207

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 22 97
4. *Place of Birth, (Street and Number)* 922 N Duncan St
5. *Full Name of Mother,* Katie Ebert
6. *Mother's Maiden Name,* " Bastle
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Ebert
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Muller

Address, 1605 Walker St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970006208

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* Feb 22/97
4. *Place of Birth, (Street and Number)* 220 Monroe Ave'
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,* Annie Johnson
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Wm Smith
9. *Father's Occupation* Fish
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Jane Woodland

Address,

Remarks,

8 9 7 0 0 0 6 2 0 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 2nd, 1897
4. *Place of Birth, (Street and Number)* 1137 Little McElderry
5. *Full Name of Mother,* Mary Blum
6. *Mother's Maiden Name,* Unknown
7. *Mother's Birthplace,* "
8. *Full Name of Father,* Mr Blum
9. *Father's Occupation* Unknown
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, E. Boynton M.D.

Address, 115 W. Lombard

Remarks,

8970006210

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col
3. *Date of Birth,*	Sept 22 '97
4. *Place of Birth, (Street and Number)*	Md. Gen. Hosp.
5. *Full Name of Mother,*	Mary Arthur
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Robert Neal
9. *Father's Occupation*	Farmer.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	M. L. Todd
Address,	Md. Gen. Hosp
Remarks,	

8970006211

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 86175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 22, 97.
4. Place of Birth, (Street and Number) 2115 Christian St.
5. Full Name of Mother, Mary Webb
6. Mother's Maiden Name, Mary Nukleback
7. Mother's Birthplace, Ballo city
8. Full Name of Father, Wm. M. Webb
9. Father's Occupation Painter
10. Father's Birthplace, Brooklyn

Name of Medical Attendant, or other person who makes this Return, G. W. Slatermal

Address, 8 9 7 0 0 0 6 2 1 2 W. Fayette St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

286

RETURN OF A BIRTH. 86176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or ~~female~~) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 22-97

4. Place of Birth, (Street and Number) 153 W Lanvale St

5. Full Name of Mother, Barbara Glendschoen

6. Mother's Maiden Name, Barbara Stang

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo M Glendschoen

9. Father's Occupation Waiter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Winch

Address, Geo M Glendschoen 153 W Lanvale

Remarks, 800 Leadenhall St. City

8970006213

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	22nd of September 97.
4. *Place of Birth, (Street and Number)*	1903 Christian St.
5. *Full Name of Mother,*	Ana Radcheis
6. *Mother's Maiden Name,*	Ana Klinger
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Radcheis
9. *Father's Occupation*	Motor man
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W Pratt St
Remarks,	

8970006214

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Sept 22/97
4. *Place of Birth, (Street and Number)* 222 N Bruce St
5. *Full Name of Mother,* Annie Baggage
6. *Mother's Maiden Name,* Annie Smith
7. *Mother's Birthplace,* ~~Thos~~ Md
8. *Full Name of Father,* Thos Baggage
9. *Father's Occupation* Lab'
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Jane Woodland

Address,

Remarks,

8 9 7 0 0 0 6 2 1 5

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 22nd.
4. Place of Birth, (Street and Number) 607 E. Green St.
5. Full Name of Mother, Lizzie Dorsey
6. Mother's Maiden Name, Lizzie Johnson.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Frank Dorsey
9. Father's Occupation, Engineer in Saw-mill
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Hannah Hatchett

Address, 609 Campbell St.

Remarks,

8 4 7 0 0 0 6 2 1 6

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 86180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 22 97
4. Place of Birth, (Street and Number) old Frederick Road
5. Full Name of Mother, Sarah F. C. McEvoy
6. Mother's Maiden Name, Sarah - Hoffman
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James J McEvoy
9. Father's Occupation Carpenter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Elizabeth Wicks

Address, 41 Hoffman St Lane

Remarks,

8970006217

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, (if any shall have occupation of its parents, the date and place of birth; and the e practitioner in the form of a certificate between the first and of the Commissioner of Health. In case the birth of any child or practicer of midwifery, or should no other person be in shall occur without the attendance of a physician or prac- ther it shall become the duty, of the person or parents of such alth, in the manner and within the period above required, and il to comply with the provisions of this section shall be sub- e, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Louise ~~McGall~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 22 1897
4. *Place of Birth, (Street and Number)* 1921 N. Arlington St.
5. *Full Name of Mother,* Dora (Nee Law) McGall
6. *Mother's Maiden Name,* Dora (Kerlkin) Karlkin
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* David L. (Nee Law) McGall
9. *Father's Occupation* attendant in Insane asylum
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return, L. L. E. Fogle M. D.

Address, 1230 E. Northave

Remarks,

8 9 7 0 0 0 6 2 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH. 86182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 September 1886
4. *Place of Birth, (Street and Number)* 1532 E Eutaw St
5. *Full Name of Mother,* Lizzie Taylor
6. *Mother's Maiden Name,* Eckin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Taylor
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jeff Myers

Address, 1331 Hanover St

Remarks,

8970006219

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236.]

RETURN OF A BIRTH. 86183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September the 23 1897
4. Place of Birth, (Street and Number) Katt st No 2000
5. Full Name of Mother, Kate J Thomas
6. Mother's Maiden Name, Kate Apelt
7. Mother's Birthplace, Europe
8. Full Name of Father, John J Thomas
9. Father's Occupation grocer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs J Kelley

Address, No 1922 Wilkins Ave

Remarks,

8 9 7 0 0 0 6 2 2 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

236.]

RETURN OF A BIRTH. 86184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September thu 23, 1897
4. Place of Birth, (Street and Number) Wilhelmina st No 18 & 13
5. Full Name of Mother, Katey Powers
6. Mother's Maiden Name, Katey martin
7. Mother's Birthplace, ireland
8. Full Name of Father, Peter Powers
9. Father's Occupation Porter
10. Father's Birthplace, ireland

Name of Medical Attendant, or other person who makes this Return, Mrs S. Kelley

Address, No 1922 Milkins Av

Remarks,

8 9 7 0 0 0 6 2 2 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 86185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Paul H. Ziefle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 23/97
4. *Place of Birth, (Street and Number)* 256 S. Caton Ave.
5. *Full Name of Mother,* Elizabeth Ziefle
6. *Mother's Maiden Name,* " Bien
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Ziefle
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970006222

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236]

RETURN OF A BIRTH. 86186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 23 - 1897
4. *Place of Birth, (Street and Number)* 1127 William St
5. *Full Name of Mother,* Elizabeth Eurich
6. *Mother's Maiden Name,* Elizabeth Wagner
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Frank Eurich
9. *Father's Occupation* Furniture Dealer
10. *Father's Birthplace,* New York -

Name of Medical Attendant, or other person who makes this Return, Mrs Eurich

Address, 800 Leadenhall Street.

Remarks,

8970006223

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 24th 1897 24th
4. *Place of Birth, (Street and Number)* 1219 Valley St
5. *Full Name of Mother,* Katie Kirk
6. *Mother's Maiden Name,* Katie Kimball
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Walter Kirk Jr
9. *Father's Occupation* Treasurer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr S Kirk MD

Address, 1219 Valley St

Remarks, 8 7 7 0 0 0 6 2 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This blank is to contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City..

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23rd of September 92
4. *Place of Birth, (Street and Number)*	1722 W Pratt St.
5. *Full Name of Mother,*	Auguste Magcis
6. *Mother's Maiden Name,*	Auguste Zeidler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Mathias Magcis
9. *Father's Occupation*	Tayler
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W. Pratt St
Remarks,	

8 4 7 0 0 0 6 2 2 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept. 12th, 1897

4. *Place of Birth, (Street and Number)* 606 Wyanoke Ave

5. *Full Name of Mother,* Ethel Hook

6. *Mother's Maiden Name,* Cox

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* C. Howard Hook

9. *Father's Occupation* Merchant

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Walton Bolgiano

Address, 2020 N. Charles St.

Remarks, Kindly send some envelopes & postals.

1897 0006226

Wm. J. C. Dulany Co., City Printers and Stationers.

occupation of its parents, the date and place of birth; and the
he practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH. 86190

CERTIFICATE CORRECTED 10-16-37

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: WILLIAM CORBIN CUMMINGS / 87

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) MALE ~~Female~~
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep 18-97
4. Place of Birth, (Street and Number) 1426 N. Hutton av
5. Full Name of Mother, Mary ~~Cummins~~ Cummings
6. Mother's Maiden Name, Mary Jones
7. Mother's Birthplace, Talbot Co. Md
8. Full Name of Father, Charles ~~Cummins~~ Cummings
9. Father's Occupation Carpenter
10. Father's Birthplace, Talbot Co. Md.

Name of Medical Attendant, or other person who makes this Return, Harry Boyd

Address, 677 Columbia ave

Remarks,

8 9 7 0 0 0 6 2 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep. 23 1897
4. *Place of Birth, (Street and Number)* 823 E. Pratt St.
5. *Full Name of Mother,* Ida Schapiro
6. *Mother's Maiden Name,* Ida Mayrowitz
7. *Mother's Birthplace,* Georgenburg Russ.
8. *Full Name of Father,* Solomon Schapiro
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Mechanic Russ.

Name of Medical Attendant, or other person who makes this Return, Mrs. Hetta Klavansky

Address, 1022 E. Lombard St.

Remarks,

8970006228

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 Sep., 1897
4. Place of Birth, (Street and Number) 1433 Hanford ave
5. Full Name of Mother, Fannie Vogt
6. Mother's Maiden Name, Small
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Constance Vogt
9. Father's Occupation Waterman
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Wm R Uhlig

Address, 1302 Edmonson Ave

Remarks,

8 4 7 0 0 0 6 2 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236]

RETURN OF A BIRTH. 86193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 6th.

1. *Sex,* (*state whether* male or female)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Sept. 23. (7.45. A.M.)
4. *Place of Birth,* (*Street and Number*) 10th E. York Street.
5. *Full Name of Mother,* Katie Coogan,
6. *Mother's Maiden Name,* Byrne?
7. *Mother's Birthplace,* Roscommon - Ireland,
8. *Full Name of Father,* John Coogan,
9. *Father's Occupation* Laborer,
10. *Father's Birthplace,* Roscommon - Ireland.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kane / for the

Address, Mothers Relief Society / 1422 Eutaw Place

Remarks,

8 9 7 0 0 0 6 2 3 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sep 23rd 1897
4. Place of Birth, (Street and Number) 1045 Harford Ave,
5. Full Name of Mother, Katie Buellinger
6. Mother's Maiden Name, Katie Buellinger
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, James H. Brennin
9. Father's Occupation Glass blower
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, M. F. J. Cameron

Address, 425 N Broadway City

Remarks,

8 4 7 0 0 0 6 2 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[236.]

RETURN OF A BIRTH. 86195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 24/97
4. Place of Birth, (Street and Number) 714 Ann St
5. Full Name of Mother, Elizabet Kalbflasz
6. Mother's Maiden Name, E. Nostain
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edwat Kalbflasz
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, Ann St No 721

Remarks, Baltimore

8970006232

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Oct 24 1896
4. *Place of Birth,* (*Street and Number*) 510 Ragus ave
5. *Full Name of Mother,* Bridget Clarke
6. *Mother's Maiden Name,* Dingee
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Clark
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs R Ellis

Address, 1302 E Lexington St

Remarks,

8 7 7 0 0 0 6 2 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8619

GIVEN NAME ADDED 8-1-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elsie ~~Mabel~~ Manger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	24th of September 42
4. Place of Birth, (Street and Number)	1822 Frederick Road
5. Full Name of Mother,	Anna Manger
6. Mother's Maiden Name,	Anna K. Braun
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John F. Manger
9. Father's Occupation	Bürsteher
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler midwife
Address,	2116 W Pratt St
Remarks,	

8970006234

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 6/5/10

RETURN OF A BIRTH. 86198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: HELEN ~~WEISHAMPEL~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 24/97
4. Place of Birth, (Street and Number) 2112 W. North ave
5. Full Name of Mother, Amelia Weishampel
6. Mother's Maiden Name, " Kratz
7. Mother's Birthplace, W. Va
8. Full Name of Father, Howard B. Weishampel
9. Father's Occupation Grocery Specialties
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jas. E. Gilchrist M.D.

Address, 1102 W. Lafayette ave

Remarks,

8 9 7 0 0 0 6 2 3 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 24th 1897
4. Place of Birth, (Street and Number) 2348 Easton Ave
5. Full Name of Mother, Henrietta Scahanger
6. Mother's Maiden Name, Henrietta Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Martin Scahanger
9. Father's Occupation Stevedore
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E Perry

Address, 223 Bank St Cty

Remarks,

8 9 7 0 0 0 6 2 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236.]

RETURN OF A BIRTH. 86200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* She Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* September 24 1897.

4. *Place of Birth, (Street and Number)* Oliver and Crumber St

5. *Full Name of Mother,* Nora Kesler.

6. *Mother's Maiden Name,* Nora Gabel.

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Charley Kesler.

9. *Father's Occupation* Bar. tender

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas Brooks

Address, 1828 Light St

Remarks, Doing Well.

8 9 7 0 0 0 6 2 3 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1235.]

RETURN OF A BIRTH. 86201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 24. 1897
4. *Place of Birth, (Street and Number)* High St 119
5. *Full Name of Mother,* Yetta Saydorff
6. *Mother's Maiden Name,* " Blankfeld
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Morris Saydorff
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman.

Address, 47 Albemarle St

Remarks,

8 4 7 0 0 0 6 2 3 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 24 1897
4. Place of Birth, (Street and Number) 315 S. Caroline St.
5. Full Name of Mother, Sarah Meervis
6. Mother's Maiden Name, " Friedlander
7. Mother's Birthplace, Russia
8. Full Name of Father, Hymen Meervis
9. Father's Occupation Taylor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman

Address, 42 Albemarle St.

Remarks,

8970006239

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8[illegible]203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Septber 24th 1897
4. *Place of Birth, (Street and Number)*	832 Chesapeake St.
5. *Full Name of Mother,*	Kathy Kubls
6. *Mother's Maiden Name,*	Kathy Dreucher
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Rudolph Kubls
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs H Ryder Midwife
Address,	1922 E Fayette Street
Remarks,	

8 4 7 0 0 0 6 2 4 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236.]

RETURN OF A BIRTH. 86504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	~~male~~ female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September the 24th 1897
4. *Place of Birth, (Street and Number)*	Med Armory st No 2000
5. *Full Name of Mother,*	Virginia Tucker
6. *Mother's Maiden Name,*	Virginia Schubert
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Tucker
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Richmond Virginia
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelly
Address,	No 1922 Wilkins Ave
Remarks,	

8970006241

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86 205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 24 Sept
4. *Place of Birth, (Street and Number)* 1128 Proctor St.
5. *Full Name of Mother,* Ellen Ward
6. *Mother's Maiden Name,* Ellen Smith
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Michal Ward
9. *Father's Occupation* Barkeeper
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, Mrs. G Smith Midwife

Address, 1417 E. Eager St

Remarks,

8970006242

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Septber 24th 1897
4. Place of Birth, (Street and Number) 1822 E Fayette Street
5. Full Name of Mother, Mary Siebert
6. Mother's Maiden Name, " Hallen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Siebert
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs H. Brown Midwife

Address, 1922 E Fayette Street

Remarks,

8970006243

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black.
3. *Date of Birth,* Sept. 24th 1897
4. *Place of Birth, (Street and Number)* J. H. H.
5. *Full Name of Mother,* Mary Laws.
6. *Mother's Maiden Name,* " Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno Laws
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. McDaburg MD

Address, John Hopkins Hospital

Remarks,

8 9 7 0 0 0 6 2 4 4

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

5-25-72

GIVEN NAME ADDED

RETURN OF A BIRTH. 86308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME OF CHILD: CHRISTINE ALWINE HARMONY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 24, 1897
4. *Place of Birth, (Street and Number)* 43-5 Printing Place
5. *Full Name of Mother,* Alwine Dude Hanning
6. *Mother's Maiden Name,* Alwine Dude
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Charles Hanning
9. *Father's Occupation.* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Flora A. Brewster M. D.

Address, 1221 Madison Ave, Baltimore

Remarks.

FILED: 1897

8970006245

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Friday 25 1897
4. *Place of Birth, (Street and Number)* Mountford Avenue.
5. *Full Name of Mother,* Mrs Rhode Smith
6. *Mother's Maiden Name,* Miss " Collins
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* Mr Lewis Smith.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Cordealia Howard

Address, 1010 N Chapel st.

Remarks, " "

8970006246

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep. 25th.
4. *Place of Birth, (Street and Number)* ~~Karkaz Rus~~ 913 E. Balti St
5. *Full Name of Mother,* Yahna Perel
6. *Mother's Maiden Name,* Yahna Perel
7. *Mother's Birthplace,* Karkaz Rus
8. *Full Name of Father,* Abraham Perel
9. *Father's Occupation* Jewelry Store
10. *Father's Birthplace,* Karkaz Rus.

Name of Medical Attendant, or other person who makes this Return, Yetta Klawansky

Address, ~~[illegible]~~ 1022 E. Lombard St

Remarks,

8970006247

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall see [illegible] as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86 S 11

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	Sept 25 - 9)
4. *Place of Birth, (Street and Number)*	Md. Gen. Hosp.
5. *Full Name of Mother,*	Amelia Dixon
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Rogers Wilson
9. *Father's Occupation*	Barber.
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	M L. Todd.
Address,	Md Gen. Hosp.
Remarks,	

8970006248

Wm. J. C. Dulany Co., City Printers and Stationers

[236.]

RETURN OF A BIRTH. 86212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September the 25th 18.97
4. Place of Birth, (Street and Number) Mr Henry st No 18.23
5. Full Name of Mother, Mary E Howard
6. Mother's Maiden Name, Mary E. Craft
7. Mother's Birthplace, York. E. O. P. A
8. Full Name of Father, Samuel D Howard
9. Father's Occupation labor
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 19.22 Milkins Av

Remarks,

8 9 7 0 0 0 6 2 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

1336]

RETURN OF A BIRTH. 86213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 25/97
4. *Place of Birth, (Street and Number)* 434 N. Patterson Park Ave
5. *Full Name of Mother,* Mary Haid
6. *Mother's Maiden Name,* Gruhner
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Haid
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970006250

Wm. J. C. Dulany Co., City Printers and Stationers.

1336

RETURN OF A BIRTH. 86214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 25/97
4. *Place of Birth, (Street and Number)* 239 S. Register Ste.
5. *Full Name of Mother,* Katie Lippert Haag
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Sebastian Lippert
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970006251

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 86215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

Name Francis Hupfer

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 25/97
4. Place of Birth, (Street and Number) 154 Milton Ave.
5. Full Name of Mother, Regina Hupfer
6. Mother's Maiden Name, " Gehring
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Hupfer
9. Father's Occupation Tailor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 6 2 5 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 5-9-56 86216

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Mae Chapple

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Sept 25th 1897
4. Place of Birth, (Street and Number) 1720 Mullikin St
5. Full Name of Mother, Alice Chapple
6. Mother's Maiden Name, " Harris
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jas. W. Chapple
9. Father's Occupation Oysterman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm McDabney M.D.

Address, Johns Hopkins Hospital, Ba

Remarks,

8970006253

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Virginia Reynolds

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* ~~White~~
3. *Date of Birth,* Sept 25th 1897
4. *Place of Birth, (Street and Number)* 130 S Poppleton St
5. *Full Name of Mother,* Rosa Reynolds
6. *Mother's Maiden Name,* Rosa Marie Shannon
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Harry A Reynolds
9. *Father's Occupation* Machinest
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. O'Hayer

Address, [illegible] Hollins St

Remarks, GIVEN NAME ADDED 1-27-54

8 9 7 0 0 0 2 6 7 2 7 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 86218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 Sept.
4. Place of Birth, (Street and Number) Lancaster St. 1603
5. Full Name of Mother, Frozie Guisel
6. Mother's Maiden Name, Milkowsky
7. Mother's Birthplace, Pole
8. Full Name of Father Matthew Guisel
9. Father's Occupation Work-man
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Pett

Address, 838 S. Bond St.

Remarks,

8 9 7 0 0 0 6 2 5 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 86219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept. 25, 1897
4. Place of Birth, (Street and Number) 2425 Foster Ave.
5. Full Name of Mother, Bertha Horst
6. Mother's Maiden Name, Bertha Holland
7. Mother's Birthplace, Balto.
8. Full Name of Father, Caspar Holland
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8 9 7 0 0 0 6 2 5 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 86220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 25, 1897.
4. Place of Birth, (Street and Number) No. 17 S. Chester street
5. Full Name of Mother, Annie C. Vidler
6. Mother's Maiden Name, Annie C. Sapp.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Vidler
9. Father's Occupation Clerk.
10. Father's Birthplace, Canada

Name of Medical Attendant, or other person who makes this Return, Aug. A. Clewell, M.D.

Address, 1741 Harford ave

Remarks,

8 9 7 0 0 0 6 2 5 7

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 86221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 25th September 1897
4. Place of Birth, (Street and Number) 1105 William St.
5. Full Name of Mother, Annie C. Wheltle.
6. Mother's Maiden Name, Frederick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George A Wheltle
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 800 Leadenhall Street

Remarks,

8970006258

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 86222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 September
4. Place of Birth, (Street and Number) 27 Collert Street
5. Full Name of Mother, Mary Lehr
6. Mother's Maiden Name, Mary Heim
7. Mother's Birthplace, Germany
8. Full Name of Father, John Lehr
9. Father's Occupation Tiler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm McMinch

Address, 800 Leadenhall Street.

Remarks,

8970006259

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236

RETURN OF A BIRTH. 86223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept. 25, 1897
4. Place of Birth, (Street and Number) 1929 Patuxent St.
5. Full Name of Mother, Barbara Keifer
6. Mother's Maiden Name, Barbara Smith
7. Mother's Birthplace, Balto.
8. Full Name of Father, Albert Keifer
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8 9 7 0 0 0 6 2 6 0

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 86224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* the 25th of September
4. *Place of Birth, (Street and Number)* 1413 Clarkson
5. *Full Name of Mother,* Lina Erbe
6. *Mother's Maiden Name,* Lina Müller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Erbe
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 805 Leadenhall Street

Remarks,

8 9 7 0 0 0 6 2 6 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 of Sept 1897
4. *Place of Birth, (Street and Number)* 604 Ensor St
5. *Full Name of Mother,* Mary J. White
6. *Mother's Maiden Name,* Mary J. Finney
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Herman E. White
9. *Father's Occupation,* Tin and Sheet iron worker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ch. Lauer

Address, 1059 Harford Ave

Remarks, Balti Md

1897

8 9 7 0 0 0 6 2 6 2

Wm J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[...] 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. 2d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~1704~~ 1 Sept. 25 1897
4. *Place of Birth, (Street and Number)* No. 1704 Hopkins Ave
5. *Full Name of Mother,* Elizabeth Goedeke
6. *Mother's Maiden Name* Elizabeth Hefner
7. *Mother's Birthplace,* Green Spring Baltimore County
8. *Full Name of Father,* Aloysius Goedeke
9. *Father's Occupation* Turner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ch. Lauer

Address, 1059 Harford Ave

Remarks, Bal. Md.

1897

8970006263

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3.d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 25 of Sept 1897

4. Place of Birth, (Street and Number) 1822 Eiken St

5. Full Name of Mother, Annie Carpenter

6. Mother's Maiden Name, Annie Monbeager

7. Mother's Birthplace, New Jersey

8. Full Name of Father, Lewis Carpenter

9. Father's Occupation Florist

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mrs Ch. Lauer

Address, 1054 Harford Ave

Remarks, Bal. Md.

1897

8 9 7 0 0 0 6 2 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 26, 1897.
4. Place of Birth, (Street and Number) 422 Hickory ave.
5. Full Name of Mother, Clara Catherine Rigley.
6. Mother's Maiden Name, Mullen.
7. Mother's Birthplace, Md.
8. Full Name of Father, William Joseph Rigley.
9. Father's Occupation Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Ellen H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8970006265

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* American.
3. *Date of Birth,* Sept. 26th., 1897.
4. *Place of Birth (Street and Number),* 917 E. Biddle St.
5. *Full Name of Mother,* Mary Emma Kitson.
6. *Mother's Maiden Name,* Leirsz.
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Wm. Kitson.
9. *Father's Occupation,* Printer.
10. *Father's Birthplace,* Philadelphia, Penna.

Name of Medical Attendant, or other person who makes this Return. Eugene Lee Crutchfield, M.D.

Address, 1232 E. Preston St.

Remarks,

8 9 7 0 0 0 6 2 6 6

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

1230

GIVEN NAME ADDED 1-14-57

RETURN OF A BIRTH. 86230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Calvin Edward Riehl III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 26/ 56
4. Place of Birth, (Street and Number) 2227 Gough St.
5. Full Name of Mother, Mary L. Riehl
6. Mother's Maiden Name, " " Sprowls
7. Mother's Birthplace, Balto.
8. Full Name of Father, John H. Riehl jr
9. Father's Occupation Captain
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970006267

Wm. J. C. Dulany Co., City Printers and Stationers.

ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of said schedule shall be delivered, duly signed by the practitioner third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 26, 97
4. *Place of Birth, (Street and Number)* 312 N. Gilmore
5. *Full Name of Mother,* Carrie Gether
6. *Mother's Maiden Name,* Carrie Street
7. *Mother's Birthplace,* Balto city
8. *Full Name of Father,* Edmund L. Gether
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto city

Name of Medical Attendant, or other person who makes this Return, G. W. Slater Mal

Address, 1700 2 W Fayette

Remarks,

8 9 7 0 1 0 0 6 2 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Sept. 26 '9.
4. *Place of Birth, (Street and Number)* 1209 Jenkins al.
5. *Full Name of Mother,* Fanny Campbell.
6. *Mother's Maiden Name,* " Hankins
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Peter Campbell
9. *Father's Occupation* —
10. *Father's Birthplace,* Tennessee

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, Md. Gen. Hosp.

Remarks,

8970006269

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

FIVER NAME ADDED 6-26-57 86233

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mamie Lutricia Bablitz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) x/

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 26th 1897
4. Place of Birth, (Street and Number) 2022 Keyser St
5. Full Name of Mother, Lucina Bablitz
6. Mother's Maiden Name, Young
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Frank J. Bablitz
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. McDalney M.D.

Address, Johns Hopkins Hospital

Remarks,

8970006270

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name of each child, (if any shall have [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 86234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 Sept.
4. Place of Birth, (Street and Number) Church St. 6
5. Full Name of Mother, Annie Hosar
6. Mother's Maiden Name, Tomasek
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Jim Hosar
9. Father's Occupation Work-man
10. Father's Birthplace, Pole Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Pett

Address, 838 S. Bond St.

Remarks,

8970006271

Health: This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Oct 26th 1897

4. *Place of Birth, (Street and Number)* 804 West Fayette St

5. *Full Name of Mother,* Mary Agnes Tolson

6. *Mother's Maiden Name,* " " Nolan

7. *Mother's Birthplace,* Manchester England

8. *Full Name of Father,* Francis Alex Tolson

9. *Father's Occupation* Baker

10. *Father's Birthplace,* Warsaw Poland

Name of Medical Attendant, or other person who makes this Return, Mrs O'Day

Address, 924 Hollins St

Remarks,

8970006272

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner in the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 26th 1897
4. *Place of Birth, (Street and Number)* 924 Hollins St
5. *Full Name of Mother,* Annie Marie Mariner
6. *Mother's Maiden Name,* Gutridge
7. *Mother's Birthplace,* State of Virginia
8. *Full Name of Father,* Albert Gray Mariner
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs. Thayer

Address, 924 Hollins St

Remarks,

8 4 7 0 0 0 6 2 7 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 26 th
4. Place of Birth, (Street and Number) 1011 E. Pratt St
5. Full Name of Mother, Hanna Swartz
6. Mother's Maiden Name; Hanna Katz
7. Mother's Birthplace, Pacra Russ
8. Full Name of Father, Casreal Swartz
9. Father's Occupation Tailor
10. Father's Birthplace, Zamel Russ

Name of Medical Attendant, or other person who makes this Return, Yetta Klawanske

Address, 1022 E. Lombard St.

Remarks,

8970006274

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 86237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	26th September 1897
4. *Place of Birth, (Street and Number)*	208 Pace St
5. *Full Name of Mother,*	Vincin Falota Galanus
6. *Mother's Maiden Name,*	Vincin L Falota
7. *Mother's Birthplace,*	Italia
8. *Full Name of Father,*	Salvatore Galanus
9. *Father's Occupation*	Cook
10. *Father's Birthplace,*	Italia
Name of Medical Attendant, or other person who makes this Return,	Miss Taylor
Address,	41 Guilford Alley
Remarks,	

8 4 7 0 0 0 6 2 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[236]

RETURN OF A BIRTH. 86239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Earle Byrd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 26, 1897
4. *Place of Birth, (Street and Number)* Frederick Ave. 152.
5. *Full Name of Mother,* Olivia M. Byrd.
6. *Mother's Maiden Name,* Olivia M. Fetwicke
7. *Mother's Birthplace,* Hagerstown Md.
8. *Full Name of Father,* Wm. P. Byrd.
9. *Father's Occupation* Railroading
10. *Father's Birthplace,* Washington Co.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Weeks

Address, Hoffman Lane.

Remarks,

8970006276

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 86240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 10th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Light brown skin
3. *Date of Birth,*	September 26th 1897
4. *Place of Birth, (Street and Number)*	Elm place 903
5. *Full Name of Mother,*	Carie Mason
6. *Mother's Maiden Name,*	Carie Hardy
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Joseph L Mason
9. *Father's Occupation*	City
10. *Father's Birthplace,*	a drayman
Name of Medical Attendant, or other person who makes this Return,	Lydia Somerville
Address,	616 Clinton ave
Remarks,	

8 9 7 0 0 0 6 2 7 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 86241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 26, 1897
4. *Place of Birth, (Street and Number)* 930 Eastern Ave.
5. *Full Name of Mother,* Mary Sims
6. *Mother's Maiden Name,* Mary Nickilia
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Sims
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8 9 7 0 0 0 6 2 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Adelaide Griffith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 26 1897
4. *Place of Birth, (Street and Number)* Bloomingdale Road
5. *Full Name of Mother,* Irean Clementine Griffith
6. *Mother's Maiden Name,* Irean Clementine Weckert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Vermillin Griffith
9. *Father's Occupation* Bookeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary J. Peregoy

Address, 289 S Lanvale St

Remarks, GIVEN NAME ADDED 1-8-53

8970006279

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 86243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: James ~~Earl~~ Johnson 3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 27. 1897.
4. Place of Birth, (Street and Number) Wheath St 10
5. Full Name of Mother, Senia Johnson
6. Mother's Maiden Name, Senie Donison
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Johnson
9. Father's Occupation Boiler Maker
10. Father's Birthplace, ~~Elize Brooks~~ Baltimore

Name of Medical Attendant, or other person who makes this Return, Elize Brooks

Address, 1828 Light St.

Remarks, Doing Well.

8970006280

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	Sept. 27 '95
4. *Place of Birth, (Street and Number)*	Md. Gen. Hosp.
5. *Full Name of Mother,*	Annie Singleton
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	David Mayes
9. *Father's Occupation*	Farmer.
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	W. L. Todd
Address,	Md Gen. Hosp.
Remarks,	

8970006281

Wm. J. C. Dulany Co., City Printers and Stationers

36.]

RETURN OF A BIRTH. 86245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 27th 1897
4. *Place of Birth, (Street and Number)* J. H. H.
5. *Full Name of Mother,* Rena Clark Langley
6. *Mother's Maiden Name,* North Carolina
7. *Mother's Birthplace,* Henry B. Clark
8. *Full Name of Father,* Merchant
9. *Father's Occupation* North Carolina
10. *Father's Birthplace,* Wm. Winder Laney M.D.

Name of Medical Attendant, or other person who makes this Return,

Address, John Hopkins Hospital

Remarks, Case of Caesarean Section performed by Dr. H. A. Kelly

8 9 7 0 0 0 6 2 8 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Sept. 27. 1897.
4. Place of Birth, (Street and Number) 633 Campbell St
5. Full Name of Mother, Emma Larks
6. Mother's Maiden Name, " King
7. Mother's Birthplace, Augusta Ga.
8. Full Name of Father, Alexander Larks
9. Father's Occupation, Sailor
10. Father's Birthplace, Augusta Ga.

Name of Medical Attendant, or other person who makes this Return, Hannah Hatchett

Address, 609 Campbell St.

Remarks,

8970006283

Wm J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September the 27.18.97
4. Place of Birth, (Street and Number) Pratt st No 14.10
5. Full Name of Mother, Ellen goonan
6. Mother's Maiden Name, Elena Cane
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Timothy J goonan
9. Father's Occupation Police officer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 19.22 Milkins Ave

Remarks,

8 9 7 0 0 0 6 2 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* September 27th 1897

4. *Place of Birth, (Street and Number)* Baltimore No 1101 Gantrop Street

5. *Full Name of Mother,* Mrs Mary Granger

6. *Mother's Maiden Name,* Mrs Mary Flick

7. *Mother's Birthplace,* Baltimore Maryland

8. *Full Name of Father,* Mr Edward Granger

9. *Father's Occupation* Laboring man

10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, M A Kelly

Address, 1004 West Lexington St

Remarks,

8970006285

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1230.]

RETURN OF A BIRTH. 86249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept the 2/ th 1897
4. Place of Birth, (Street and Number) 1021 Wst Lexington St
5. Full Name of Mother, Theresie Schlicker
6. Mother's Maiden Name, Long
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Schlicker
9. Father's Occupation Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, M. D Ledley

Address, 1004 Wst Lexington St

Remarks,

8970006286

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the Practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person of such shall occur without the attendance of a physician or practioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 27/97
4. *Place of Birth, (Street and Number)*	1114 Hanbert St
5. *Full Name of Mother,*	Mrs Annie Ranger
6. *Mother's Maiden Name,*	Annie Whitelong
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Walter Ranger
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Ann O'Connor
Address,	1112 Hanbert St
Remarks,	

8970006287

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of each person or parents of such child to report its birth to the Commissioner of Health, In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 86251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 Sept.
4. *Place of Birth, (Street and Number)* 876 S. Broad St.
5. *Full Name of Mother,* Dora E. Wilkinson
6. *Mother's Maiden Name,* Dragsetth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John C. Wilkinson
9. *Father's Occupation* Officer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Pritt

Address, 838 S. Broad St.

Remarks,

8 9 7 0 0 0 6 2 8 8

register of such birth, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 the
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Sept 27th 1897
4. *Place of Birth, (Street and Number)*	104 Hughes st
5. *Full Name of Mother,*	Lucy Holmes
6. *Mother's Maiden Name,*	Lucy Bodell
7. *Mother's Birthplace,*	Eastern Shore Maryland
8. *Full Name of Father,*	William Holmes
9. *Father's Occupation*	Oyster Shucker
10. *Father's Birthplace,*	Baltimore city
Name of Medical Attendant, or other person who makes this Return,	Mary Maher
Address,	19 W York st
Remarks,	John H Dolany

8970006289

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the names of each child, if any, that have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1336

RETURN OF A BIRTH. 8655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given name of ~~child~~ Michael (Fuchsluger)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI — Luger

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 27/97
4. Place of Birth, (Street and Number) 117 S. Durham St.
5. Full Name of Mother, Katie Fuchsluger
6. Mother's Maiden Name, " Doerfler
7. Mother's Birthplace, Balto.
8. Full Name of Father, Ulrich Fuchsluger
9. Father's Occupation Shoemaker
10. Father's Birthplace, B Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970006290

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 7-22-39

RETURN OF A BIRTH. 86254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Aloysious ~~Sorrell~~, 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ~~Female~~ Male
2. Race or Color, (if not of the white race) negro
3. Date of Birth, Sept 27 1897
4. Place of Birth, (Street and Number) #1132 Woodyear St
5. Full Name of Mother, Ella Nora Jason
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Hiram Sorrell
9. Father's Occupation, Follows Stage work.
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr Marchant

Address, #1411 Mt Royal Ave.,

Remarks,

8 9 7 0 0 0 6 2 9 1

Baltimore, under [illegible] and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

ORM 1286.]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 27 September
4. *Place of Birth, (Street and Number)* Fort Aven 1907
5. *Full Name of Mother,* Anna Smith
6. *Mother's Maiden Name,* " Hoffmann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred Smith
9. *Father's Occupation* Laboar.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Foth. Mayer

Address, 1331 Hull St.

Remarks,

8970006292

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	27th of September 97.
4. Place of Birth, (Street and Number)	317 W. Lombard St.
5. Full Name of Mother,	Johane Dienstbier
6. Mother's Maiden Name,	Johane Eichner
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John Phi. Dienstbier
9. Father's Occupation	Butscher
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keeler Midwife
Address,	2116 W Pratt St.
Remarks,	

8970006293

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

RETURN OF A BIRTH. 86257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27 September
4. Place of Birth, (Street and Number) 1408 Cooksie St.
5. Full Name of Mother, Jennie Strubezik
6. Mother's Maiden Name, " Kines
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Strubezik
9. Father's Occupation Labour
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Ralph Mason

Address, 1331 Hill St.

Remarks,

8 9 7 0 0 0 6 2 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

RETURN OF A BIRTH. 86258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 28 September
4. Place of Birth, (Street and Number) 1315 Andrew St.
5. Full Name of Mother, Lizzie Uphoff
6. Mother's Maiden Name, O. Riley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Uphoff
9. Father's Occupation Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Forth Mason

Address, 1331 Hull St. L.P.

Remarks,

8970006295

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 28 97
4. *Place of Birth, (Street and Number)* 1608 Walker St
5. *Full Name of Mother,* Elizabeth Reuter
6. *Mother's Maiden Name,* Lindemann
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Charles Reuter
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1606 Walker St

Remarks,

8 9 7 0 0 0 6 2 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. [illegible] the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 86260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 28/97
4. Place of Birth, (Street and Number) 831 Warner st
5. Full Name of Mother, Johanna L Schmidt
6. Mother's Maiden Name, Johanna Baker
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry A Schmidt
9. Father's Occupation, Life Insurance Agent
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Shinde

Address, 807 Leadenhall Street

Remarks,

8970006297

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 8626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September the 28 1897
4. Place of Birth, (Street and Number) Fulton Ave No 121
5. Full Name of Mother, magie wane
6. Mother's Maiden Name, magie martin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Elsworth wane
9. Father's Occupation upholsterer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr S Kelly

Address, No 19 F Wilkins Ave

Remarks,

8 9 7 0 0 0 6 2 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of Birth Schedule shall contain a list of the births which have occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, 28th Sept 1897
4. Place of Birth, (Street and Number) 1006 Plum Al
5. Full Name of Mother, Babe Smothers
6. Mother's Maiden Name, Babe Bailey
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Author Smothers
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Margreth Spriggs

Address, 1110 Goodman Al Balto

Remarks,

8970006299

...ortenures are recoverable.

RETURN OF A B

86264

To the Office of Registrar of Vital Statistics, Board of Hea

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sep 28 - 97
4. *Place of Birth, (Street and Number)* 964 N. Washington
5. *Full Name of Mother,* Maggie Vaffeant
6. *Mother's Maiden Name,* Gilmore
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Edward A.
9. *Father's Occupation* Street Paper
10. *Father's Birthplace,* Bal

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks 8970006300

RETURN OF A BIRTH. 86618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 16th 1897
4. *Place of Birth, (Street and Number)* 1135 Denver st City
5. *Full Name of Mother,* Eliza Newton
6. *Mother's Maiden Name,* Eliza Newton
7. *Mother's Birthplace,* Charles County
8. *Full Name of Father,* William Keyes
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Darky Jane Perry

Address, 856 Stockholm st

Remarks, 8970006301

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 86619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 16 - 97
4. Place of Birth, (Street and Number) 1021 N Mount St
5. Full Name of Mother, Adda Connolly
6. Mother's Maiden Name, "
7. Mother's Birthplace, Va.
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. L. Hooper M.D.

Address, 220 N. Gilmor St

Remarks, 8 9 7 0 0 0 6 3 0 2

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Saturday, Oct. 16th 1897.
4. Place of Birth, (Street and Number) 842 E. Pratt St.
5. Full Name of Mother, Bessie Fajsonowitz
6. Mother's Maiden Name, Schechter
7. Mother's Birthplace, Russia
8. Full Name of Father, Elchonon Schechter.
9. Father's Occupation, Butcher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Fieldman

Address, 1013 E. Lombard St.,

Remarks, 8970006303

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

The Commissioner of Health shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 16. Oktober.
4. *Place of Birth, (Street and Number)* 216. Milton. Ave.
5. *Full Name of Mother,* Kunigunde Deinlein.
6. *Mother's Maiden Name,* Kunigunde Nuberger.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John. Deinlein
9. *Father's Occupation* Clothing. trimmer
10. *Father's Birthplace,* Garmania.

Name of Medical Attendant, or other person who makes this Return, Mary Kloss.

Address, N. 9. St. Wolfe Street.

Remarks,

8970006304

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 16. 97
4. *Place of Birth, (Street and Number)* 1009 N. Bond
5. *Full Name of Mother,* Hattie Elizabeth Rehberger
6. *Mother's Maiden Name,* " " Anderson
7. *Mother's Birthplace,* Washington, D. C.
8. *Full Name of Father,* Joseph James Rehberger.
9. *Father's Occupation,* Merchant Tailor
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Justl Pickel. M.D.

Address, 1312 Ashland ave

Remarks,

8970006305

Wm J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

RETURN OF A BIRTH. 86623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 Oct.
4. *Place of Birth, (Street and Number)* 838 S. Bond St.
5. *Full Name of Mother,* Victory Fisher Karczeska
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Henry Fisher
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole.

Name of Medical Attendant, or other person who makes this Return, Mary Brett

Address, S. Bond St. 838

Remarks,

8970006306

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth after each the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct 16 97
4. Place of Birth, (Street and Number)	1911 Gaylord st
5. Full Name of Mother,	Bertha L. Herbert
6. Mother's Maiden Name,	Bertha L. Dyer
7. Mother's Birthplace,	Balto. md
8. Full Name of Father,	William E. Herbert
9. Father's Occupation	Waiter
10. Father's Birthplace,	Balto. md
Name of Medical Attendant, or other person who makes this Return,	H. Bashill M.D.
Address,	# 2348 Madison avenue
Remarks,	Born 12.30 a.m.

6970006307

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 x Baltimore

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Born October 16
4. *Place of Birth, (Street and Number)* 10.02 Plum alley
5. *Full Name of Mother,* Lizzie Hines
6. *Mother's Maiden Name,* Lizzie Spragg
7. *Mother's Birthplace,* Calvard County Md
8. *Full Name of Father,* James H. Hines
9. *Father's Occupation* dates laber
10. *Father's Birthplace,* Eastern shore Md

Name of Medical Attendant, or other person who makes this Return, Annie Johnson

Address, 10.02 Plum alley

Remarks, Joshua Hines

8970006308

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 17th 1897
4. *Place of Birth, (Street and Number)* No 1614 Alice anna Street
5. *Full Name of Mother,* Jennie Buschman
6. *Mother's Maiden Name,* Jennie Stromer
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Chas Buschman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Lenz Midwife

Address, 1539 Alice anna Street

Remarks,

8970006309

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[M 1236.]

RETURN OF A BIRTH. 86627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 17 — 1899
4. Place of Birth, (Street and Number) Lancaster St.
5. Full Name of Mother, Rosi Restivo
6. Mother's Maiden Name, Damore
7. Mother's Birthplace, Italy
8. Full Name of Father, Ignazio Restivo
9. Father's Occupation Fruit Dealer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fath St.

Remarks,

8970006310

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th October
4. *Place of Birth, (Street and Number)* Baltimore 308 Paca St
5. *Full Name of Mother,* Annie J. O'Laughlin
6. *Mother's Maiden Name,* Annie J. Gesell
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Peter Francis O'Laughlin
9. *Father's Occupation* Horse shoer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs S Hunter

Address, 23 N. Poppleton St.

Remarks,

8 9 7 0 0 0 6 3 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 86629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	Oct. 17
4. *Place of Birth, (Street and Number)*	# 2106 Madeira Alley
5. *Full Name of Mother,*	Daisy Trusty
6. *Mother's Maiden Name,*	Daisy Williams
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Enoch Trusty
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	# Dr. H. A. Pertnes
Address,	# 247 S. Chester
Remarks,	

8 9 7 0 0 0 6 3 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM

12 53.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 219 E Fort Ave
4. *Place of Birth, (Street and Number)* Oct 17, 1897
5. *Full Name of Mother,* Annie Oberle
6. *Mother's Maiden Name,* Norman
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Oberle
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 434 Fort Ave

Remarks,

8970006313

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 17. Oktober.
4. Place of Birth, (Street and Number) 406. Kastel Street.
5. Full Name of Mother, Barbara Lennon.
6. Mother's Maiden Name, Barbara Schönerth.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Lennon.
9. Father's Occupation Tailor.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Kloss.

Address, N-9. N. Wolfe Street.

Remarks,

8 9 7 0 0 0 6 3 1 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 17 1897
4. *Place of Birth, (Street and Number)* 1003 E Fayette St
5. *Full Name of Mother,* Jannny Jacobson
6. *Mother's Maiden Name,* Monass
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Hyam Jacobson
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finelberg

Address, 25 Lloyd St

Remarks,

8970006315

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236]

RETURN OF A BIRTH. 86633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 17 of Octbr
4. *Place of Birth, (Street and Number)* 2518. fait Avenue.
5. *Full Name of Mother,* Elise Wagner.
6. *Mother's Maiden Name,* = Haas.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Michael Wagner.
9. *Father's Occupation* Auster Dealer.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs G. Behnken Weise.

Address, 613 s. port St.

Remarks,

8970006316

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White (Italian)
3. *Date of Birth,* Sunday Oct 17th 97 (12 20 P.M.)
4. *Place of Birth, (Street and Number)* 213 W. Conway St
5. *Full Name of Mother,* Carmilla Dantoni
6. *Mother's Maiden Name,* Carmilla Dantoni
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Joseph Dantoni
9. *Father's Occupation* Restaurateur
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, [illegible] M.D.

Address, 112 W. Mulberry St

Remarks, Baltimore Md

8 9 7 0 0 0 6 3 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236

RETURN OF A BIRTH. 86635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 October - 1897
4. Place of Birth, (Street and Number) 1518 Lancaster St.
5. Full Name of Mother, Annie Brajer
6. Mother's Maiden Name, Salbin
7. Mother's Birthplace, Hungar
8. Full Name of Father, Charles Brajer
9. Father's Occupation Work-man
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 838 S. Bond St.

Remarks,

8 9 7 0 0 0 6 3 1 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep. 17th 97
4. *Place of Birth, (Street and Number)* 1522 Kensett st
5. *Full Name of Mother,* Clara Smelser
6. *Mother's Maiden Name,* " Schaeffer
7. *Mother's Birthplace,* Carroll Co Md
8. *Full Name of Father,* David Smelser
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return L. F. Frey

Address, 2470 Druid Hill Av

Remarks,

8970006319

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

month, and shall set forth as far as the same can be ascertained the
been conferred; its sex, color, the full name and occupation of its p
said schedule shall be delivered, duly signed by the practitioner in th
third day of each and every month to the office of the Commission
shall occur without the attendance of a physician or practioner of
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manne
any such person or persons who shall hereafter fail to comply with t
jected to the fine often (10) dollars for each offence, to be recovered a

RETURN OF A BIRTH. 86637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	Oct 18 1897.
4. *Place of Birth, (Street and Number)*	772 Wallechie St
5. *Full Name of Mother,*	Lizzie Boundy
6. *Mother's Maiden Name,*	Freeland.
7. *Mother's Birthplace,*	Amandle Co.
8. *Full Name of Father,*	William Boundy.
9. *Father's Occupation*	Laboring.
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	Mary C Jones
Address,	1121 Saratoga St.
Remarks,	Balto Md

8970006320

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 86638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th October 1897.
4. Place of Birth, (Street and Number) Decatur St 1409. S. P.
5. Full Name of Mother, Carlien Seidl.
6. Mother's Maiden Name, " " Knott
7. Mother's Birthplace, Germany
8. Full Name of Father, John Seidl
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Lizzie Schaeffler

Address, E Fort Ave 1708. S. P.

Remarks,

8 9 7 0 0 0 6 3 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 18th 1897

4. Place of Birth, (Street and Number) 1714 E. Townsend St

5. Full Name of Mother, Sedonia Mahaney,

6. Mother's Maiden Name, " Bank,

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, James H. Mahaney.

9. Father's Occupation Electrical

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Charles Getz, M.D.

Address, 312 N. Carey St.

Remarks, 8970006322

Wm. J. C. Dulany Co., City Printers and Stationers

1235.]

GIVEN NAME ADDED 8-23-57

RETURN OF A BIRTH. 86640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Henry Gardner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 12 1897
4. Place of Birth, (Street and Number) 1604 Light st
5. Full Name of Mother, Ida E Gardner
6. Mother's Maiden Name, Carroll
7. Mother's Birthplace, Balto
8. Full Name of Father, Maurice E Gardner
9. Father's Occupation Band & Raglroader
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Caroline Schmerz

Address, 434 E Fort ave

Remarks,

8970006323

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 86641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 18th 1897
4. *Place of Birth, (Street and Number)* Teaville Ridgewood St 125
5. *Full Name of Mother,* Florence A Sipes
6. *Mother's Maiden Name,* Florence A Long
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* Frederick S. Sipes
9. *Father's Occupation* Plaster
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return Mary Harvey

Address, 1809 Lanman St

Remarks,

8970006324

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Katharine Helena ~~Fehsenfeld~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 18th, 1897
4. Place of Birth, (Street and Number) 211 Mount Royal Ave
5. Full Name of Mother, Edith Bartholomee Fehsenfeld
6. Mother's Maiden Name, Edith Bartholomee,
7. Mother's Birthplace, Balto. Md,
8. Full Name of Father, Wm. H. Fehsenfeld,
9. Father's Occupation Oil Merchant,
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D.

Address, S. W. Cor, Calvert & Preston Sts,

Remarks,

8 4 7 U 0 0 6 3 2 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRT

86643

To the Office of Registrar of Vital Statistics, Board of Health, Ba

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) ~~Boy~~ Ma

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 18th 187

4. Place of Birth, (Street and Number) 836 h Howard

5. Full Name of Mother, ~~Dorsey~~ Crowe

6. Mother's Maiden Name, Dora Louisa Mae B

7. Mother's Birthplace, Germany

8. Full Name of Father, Wm Kenny Crowe

9. Father's Occupation, Laborer

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. C R Gamb

Address, 925 C

Remarks,

8 9 7 0 0 0 6 3 2 6

... correct

... Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, October 19, 1897
4. Place of Birth, (Street and Number) 1333-York Road
5. Full Name of Mother, Mrs Mary A. Dorsey
6. Mother's Maiden Name, Miss Mary A. Canter
7. Mother's Birthplace, Baltimore Maryland.
8. Full Name of Father, Mr. Lloyd Dorsey
9. Father's Occupation, Grain Inspector
10. Father's Birthplace, Missouri

Name of Medical Attendant, or other person who makes this Return. W. H. Hodgson M. D.

Address, 1235-West Lafayette Avenue

Remarks,

8970006327

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. SULANY & CO., CITY PRINTERS AND STATIONERS

Over

RETURN OF A BIRTH. 86645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 19th 1897
4. Place of Birth, (Street and Number) 1527 E Monument Street
5. Full Name of Mother, Sarah Alice Quarengesser
6. Mother's Maiden Name, " " Magnus
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry Edward Quarengesser
9. Father's Occupation Manager in Grocery Store
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return James E Whiteford MD

Address, 819 Sisquiste Street

Remarks, Full name - Edward Jerome Quarengesser

8 9 7 0 0 0 6 3 2 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

86646

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 19. 1897
4. Place of Birth, (Street and Number) #861 Greenmount Ave
5. Full Name of Mother, Maggie A. McCourt
6. Mother's Maiden Name, " " Wright
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Bernard J McCort
9. Father's Occupation, Contractor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs M. Tibbs

Address, 719 Burren St City

Remarks,

8970006329

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 8647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 19/97
4. Place of Birth, (Street and Number) # 723 N. Bond St
5. Full Name of Mother, Catherine L. Goeb
6. Mother's Maiden Name, Catherine L. Schultz
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Charles W. Goeb
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. H. Bashiell. M.D.

Address, # 2340 Madison Ave

Remarks, Born 11.30 P.M.

1897000 6330

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Oct 20 '97
4. *Place of Birth, (Street and Number)*	68 Belair Avenue
5. *Full Name of Mother,*	Annie A. Foote
6. *Mother's Maiden Name,*	" " Burkhardt
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Zachariah Foote
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
Address,	1601 N Broadway
Remarks,	

8 9 7 0 0 0 6 3 3 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 20th 1897
4. *Place of Birth, (Street and Number)* S.W Cor. Ratland Pennsta
5. *Full Name of Mother,* Mary Albers
6. *Mother's Maiden Name,* Mary Eilerman
7. *Mother's Birthplace,* America
8. *Full Name of Father,* John E. Albers
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, M. L. Hooper M.D.

Address, 1407 Hanover st.

Remarks, 8970006332

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person live in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 86650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) mail 11

1. Sex, (state whether male or female) mail
2. Race or Color, (if not of the white race) colored
3. Date of Birth, october 20
4. Place of Birth, (Street and Number) Balto City Md. 1132 Russell St
5. Full Name of Mother, Julia Powell
6. Mother's Maiden Name, Julia morris
7. Mother's Birthplace, virginia
8. Full Name of Father, John P. Powell
9. Father's Occupation traveling minester
10. Father's Birthplace, Northcarolinia

Name of Medical Attendant, or other person who makes this Return, abrilla Brooks

Address, 1132 Warner St

Remarks, it Died With Spasms. this morning

8970006333

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 20-97
4. *Place of Birth, (Street and Number)* 204 Vincent St
5. *Full Name of Mother,* Sophia Eisenbach
6. *Mother's Maiden Name,* Sophia Moretty
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Eisenbach
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Dr J C D Davis

Address, Cor Stricker & Hollins Sts

Remarks,

8 9 7 0 0 0 6 3 3 4

Wm. J. C. Dulany Co., City Printers and Stationers

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 20th 99
4. Place of Birth, (Street and Number) 520 S. Paca St
5. Full Name of Mother, Ella Knapp
6. Mother's Maiden Name, " Schumacher
7. Mother's Birthplace, " Carroll Co. Md
8. Full Name of Father, Fred Knapp
9. Father's Occupation Varnisher
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Chas. L. Goddard M.D.

Address, 418 S. Paca St.

Remarks,

8 4 7 0 0 0 6 3 3 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 11th 1887

4. Place of Birth, (Street and Number) 2231 Barclay St.

5. Full Name of Mother, Augusta M. Tegeler

6. Mother's Maiden Name, Augusta M. Schmidt

7. Mother's Birthplace, Philadelphia Pa.

8. Full Name of Father, Frederick W. Tegeler

9. Father's Occupation, Book Keeper

10. Father's Birthplace, Bremin Germany

Name of Medical Attendant, or other person who makes this Return, A. G. Statson

Address, 1301 N. Central Ave.

Remarks, 8970006336

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 11th 1897
4. *Place of Birth, (Street and Number)* Balto. #520½ [illegible]
5. *Full Name of Mother,* Annie T. Green
6. *Mother's Maiden Name,* Annie T. Yoakel
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Robert L. Green
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs O Hayes

Address, 924 Hollins St

Remarks,

8 9 7 0 0 0 6 3 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 14th
4. Place of Birth, (Street and Number) Bradley st 658
5. Full Name of Mother, Jennie Jones
6. Mother's Maiden Name, Jennie Moody
7. Mother's Birthplace, Tallahannock Va
8. Full Name of Father, Wilton Jones
9. Father's Occupation Cochman
10. Father's Birthplace, Bowlingreen Va

Name of Medical Attendant, or other person who makes this Return, Mrs F. Myers

Address, No. 722 Bradley St

Remarks.

8970006338

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5th -

1. *Sex,* (*state whether male or female*) Male.
2. *Race or Color,* (*if not of the white race*) White -
3. *Date of Birth,* Oct. 15- 1897 -
4. *Place of Birth,* (*Street and Number*) 647 N. Calhoun st.
5. *Full Name of Mother,* Sarah H. Goldsmith.
6. *Mother's Maiden Name,* Windsor -
7. *Mother's Birthplace,* Virginia.
8. *Full Name of Father,* Frank J. Goldsmith.
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Mississippi -

Name of Medical Attendant, or other person who makes this Return. R. H. Goldsmith, M.D. 647 N. Calhoun St.

Address,

Remarks,

8970006339

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and place of birth; and the occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 86657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 18th 1897
4. *Place of Birth, (Street and Number)*	1702 Lanvale Ave
5. *Full Name of Mother,*	Carrie E. Ervin
6. *Mother's Maiden Name,*	Carrie E. Russell
7. *Mother's Birthplace,*	Baltimore Co. Md.
8. *Full Name of Father,*	Wm J. Ervin Driver
9. *Father's Occupation,*	~~Boot Keeper~~
10. *Father's Birthplace,*	Baltimore Co Md.
Name of Medical Attendant, or other person who makes this Return,	A G Watson
Address,	1301 N. Central Ave.
Remarks,	8970006340

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

tion of its parents, the date and place of birth; and the
ctitioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
fractioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
in the manner and within the period above required, and
omply with the provisions of this section shall be sub-
e recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Male Child
2. *Race or Color, (if not of the white race)* White Child
3. *Date of Birth,* October 19th 1897
4. *Place of Birth, (Street and Number)* 767 W. Mulberry St. Balto. Md.
5. *Full Name of Mother,* Emma Reinhardt.
6. *Mother's Maiden Name,* Emma Weber.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Bernhard L. E. Reinhardt
9. *Father's Occupation* Employed at S. Rosenfeld & Co as Driver
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return Mrs Hunter

Address, 23 do Appleton St

Remarks,

8970006341

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 88659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One - First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth,* 19 October
4. *Place of Birth, (Street and Number)* Bella 307 Arlington Ave
5. *Full Name of Mother,* Mrs Alice Kroeger
6. *Mother's Maiden Name,* Miss " Reilly
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Bernard Frank Kroeger
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs O Mayer

Address, 524 Hollins st

Remarks,

8970006342

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	Oct 20th 1897
4. *Place of Birth, (Street and Number)*	218 Plum alley
5. *Full Name of Mother,*	Sarah Rich
6. *Mother's Maiden Name,*	Sarah Baker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Daniel Rice
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Washington Dc.
Name of Medical Attendant, or other person who makes this Return,	Sarah Thomson
Address,	214 York St
Remarks,	

8 9 7 0 0 0 6 3 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

beus conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* October 21 th 1897
4. *Place of Birth, (Street and Number)* 2116 Ottine St
5. *Full Name of Mother,* Jennie Derricks
6. *Mother's Maiden Name,* Jennie Spriggs
7. *Mother's Birthplace,* Frederick Md
8. *Full Name of Father,* Joshua R. Derricks
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1074 Park ave

Remarks,

8970006344

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, 20th of October 1897
4. Place of Birth, (Street and Number) 609 Gilbert st
5. Full Name of Mother, Wm Lillian Stickenbotton.
6. Mother's Maiden Name, Wife Lillian Moss.
7. Mother's Birthplace, Mecklenburg Va
8. Full Name of Father, Joseph Eugene Stickenbotton
9. Father's Occupation, Coal Driver
10. Father's Birthplace, Pittsburg Pa

Name of Medical Attendant, or other person who makes this Return, Wm Paris Reed

Address, 417 Parrish Alley

Remarks,

8970006345

Wm J C Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) .....

1. *Sex, (state whether male ~~or female~~)* .....
2. *Race ~~or Color~~, (~~if not of the~~ white race)* .....
3. *Date of Birth,* Oct 21st 1897
4. *Place of Birth, (Street and Number)* 213 E Montgomery st
5. *Full Name of Mother,* Lucia A. Mulston
6. *Mother's Maiden Name,* Potts
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* W.C. Mulston
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Henry H. Smith M.D

Address, 622 Hanover st

Remarks, ...

8970006346

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 86664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 21st 1897
4. Place of Birth, (Street and Number) 1708 N Gilmor St.
5. Full Name of Mother, Emma Bowers
6. Mother's Maiden Name, Emma Anderson
7. Mother's Birthplace, Maryland
8. Full Name of Father, Willard S. Bowers
9. Father's Occupation Carpenter & Builder
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Henry Hardy

Address, 1809 Linden Ave

Remarks,

8970006347

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 86665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 21. Oktober.
4. *Place of Birth, (Street and Number)* 2020. Fayette. Street.
5. *Full Name of Mother,* Anny. Schirmer.
6. *Mother's Maiden Name,* Anny Spuhn.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Anton Schirmer.
9. *Father's Occupation* Tailor.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary K. Voss.

Address, 1-9. N. Wolfe. Street

Remarks,

8970006348

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1236]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 21st 97
4. *Place of Birth, (Street and Number)* 1803 N. Pulaski st.
5. *Full Name of Mother,* Catherine F. Kennard
6. *Mother's Maiden Name,* Catb. F. Russell
7. *Mother's Birthplace,* Howard Co. Md.
8. *Full Name of Father,* Eugene C. Kennard
9. *Father's Occupation* Carpenter & Builder
10. *Father's Birthplace,* Kent Co. Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle. M.D.

Address, 1203 W. Fayette st.

Remarks, 8470006349

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 21st 1897
4. *Place of Birth, (Street and Number)*	2506 Mary St.
5. *Full Name of Mother,*	Hetta Louise Tomlinson
6. *Mother's Maiden Name,*	Hillis Lewis
7. *Mother's Birthplace,*	Iowa
8. *Full Name of Father,*	Wardley Tomlinson
9. *Father's Occupation*	Harness Maker.
10. *Father's Birthplace,*	Burlington Wisconsin
Name of Medical Attendant, or other person who makes this Return,	Donna A. Waldron M.D.
Address,	928 Madison Ave.
Remarks,	

1897000006350

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thab 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* oct 21st 1897
4. *Place of Birth, (Street and Number)* 116 Welcome alley
5. *Full Name of Mother,* Ella Johnson
6. *Mother's Maiden Name,* Ella Pickett
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Edward Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Sarah Thomson

Address, 214 York st

Remarks,

8970006351

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th,
1. *Sex, (state whether male or female)*	Boy.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 21st, 1897
4. *Place of Birth, (Street and Number)*	1428 E. Federal St.
5. *Full Name of Mother,*	Anna B. Schmidt Cook
6. *Mother's Maiden Name,*	Anna B. Schmidt.
7. *Mother's Birthplace,*	Balt. Md
8. *Full Name of Father,*	Hugo H. Cook
9. *Father's Occupation*	Foreman in Tobacco factory.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton M.D.,
Address,	S. W. Cor. Calvert & Preston Sts
Remarks,	

8 9 7 0 0 0 6 3 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 86670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) negro
3. Date of Birth, Oct 21 1867
4. Place of Birth, (Street and Number) 1003 Parish Al
5. Full Name of Mother, Emma Campbell
6. Mother's Maiden Name,
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, S Clegit
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, E. S. Everhart M.D.

Address, Md Homeo Hospital 1122 N. Mount St

Remarks,

18970003 53

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 Oct 4, 1897
4. *Place of Birth, (Street and Number)* 114½ Harford road
5. *Full Name of Mother,* Tillie Bass
6. *Mother's Maiden Name,* Tillie Klatt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Bass
9. *Father's Occupation* Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1610 N. ~~Hoff~~ Wolfe st

Remarks,

8970006354

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 birth.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 22 October 4.30 a m.
4. Place of Birth, (Street and Number) 1606 north Washington street. Balto md.
5. Full Name of Mother, Sophia B. Alland.
6. Mother's Maiden Name, Klueber.
7. Mother's Birthplace, ~~Md~~ Hildesheim Germany.
8. Full Name of Father, John H alland.
9. Father's Occupation Carpenter.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Martha Griffen.

Address, 1514 Winsor ave.

Remarks, no other doctor.

8470006355

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White Race.
3. *Date of Birth,* 22 Sec. Oct.
4. *Place of Birth, (Street and Number)* Balt. Md. 1133 Pinckney St.
5. *Full Name of Mother,* Annie M. Denninger.
6. *Mother's Maiden Name,* Annie M. Lenehart.
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* John F. Denninger
9. *Father's Occupation* Driver.
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Hunter

Address, 23 No Poppleton St

Remarks,

8970006356

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1336

RETURN OF A BIRTH. 86674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
Name, Hilda K. France	
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	twenty-second Oct.
4. Place of Birth, (Street and Number)	217 Chestnut Ave. H.L.
5. Full Name of Mother,	Emma France
6. Mother's Maiden Name,	Emma Lenagan
7. Mother's Birthplace,	Harford Co.
8. Full Name of Father,	Samuel N. France
9. Father's Occupation	Furniture mover
10. Father's Birthplace,	Shuttle Factory, Balt Co.
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Gunnison
Address,	Hampden
Remarks,	

8 4 7 0 0 0 6 3 5 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Louis Isaac Swimmer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 22nd, 1897
4. *Place of Birth, (Street and Number)* 106 S. Exeter St
5. *Full Name of Mother,* Sarah Swimmer
6. *Mother's Maiden Name,* Sarah Jackson
7. *Mother's Birthplace,* Warsaw Rus.
8. *Full Name of Father,* Max, Swimmer
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Warsaw Rus.

Name of Medical Attendant, or other person who makes this Return, Mrs. Yetta Klawansky

Address, 1022 E. Lombard St

Remarks,

8970006358

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White ~~4:45 P.M.~~
3. *Date of Birth,* Oct 27 4:45 P.M. 1897
4. *Place of Birth, (Street and Number)* 2648 Florence St
5. *Full Name of Mother,* Mrs Jennie List
6. *Mother's Maiden Name,* Jennie Gerlach
7. *Mother's Birthplace,* Frederick Md.
8. *Full Name of Father,* Fred List
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, R. B. Kenyon M.D.

Address, 601 W Franklin St

Remarks, City

8970006359

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* 23 d Oct. 1897
4. *Place of Birth, (Street and Number)* 1038 Hollins St.
5. *Full Name of Mother,* Annie Margie Housemans
6. *Mother's Maiden Name,* " " Butler
7. *Mother's Birthplace,* Washington Co. Pa.
8. *Full Name of Father,* Julian Housemans
9. *Father's Occupation* Granite Cutter
10. *Father's Birthplace,* Richmond, Va.

Name of Medical Attendant, or other person who makes this Return, Mrs O'Hare

Address, 924 Hollins St

Remarks,

8970006360

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

occupation of its parents, the date and place of birth; and the
the practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
n or practioner of midwifery, or should no other person be in
after it shall become the duty of the person or parents of such
ealth, in the manner and within the period above required, and
ail to comply with the provisions of this section shall be sub-
ce, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the
third day of each and every month to the office of the
shall occur without the attendance of a physician or pr
attendance upon the mother, immediately thereafter it
Child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to b

RETURN OF A BIRTH. 86678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th -
1. *Sex, (state whether male or female)*	male -
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 23 '97
4. *Place of Birth, (Street and Number)*	1900 N. Washn St
5. *Full Name of Mother,*	Sophie Diedlich Lehman
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry Diedlich
9. *Father's Occupation*	Bakery
10. *Father's Birthplace,*	Penna.
Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
Address,	1601 N Broadway.
Remarks,	

8 9 7 0 0 0 6 3 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM

RETURN OF A BIRTH. 86679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	White male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 23 '97
4. *Place of Birth, (Street and Number)*	1602 N Wolfe St
5. *Full Name of Mother,*	Ella Josephine Wright
6. *Mother's Maiden Name,*	" " Reay
7. *Mother's Birthplace,*	Penna
8. *Full Name of Father,*	Oliver Joseph Wright
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
Address,	1601 N. Broadway
Remarks,	

8 9 7 0 0 0 6 3 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 23rd
4. Place of Birth, (Street and Number) 1000 E. Fayette
5. Full Name of Mother, Jennie Lazarowitz
6. Mother's Maiden Name, Jennie Rechmann
7. Mother's Birthplace, Kelem Rus.
8. Full Name of Father, Bennie Lazarowitz
9. Father's Occupation Pedler
10. Father's Birthplace, Kelem Russia

Name of Medical Attendant, or other person who makes this Return, Yetta Klawansky

Address, 1022 E. Lombard St

Remarks,

8970006363

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall be filled as far as the same can be ascertained the full name or each child, (if any, shall have a month, and shall set forth as far as the same can be ascertained the full name or each child, (if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236j

RETURN OF A BIRTH. 86681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth,* Oct 23. 1897
4. *Place of Birth, (Street and Number)* 524 N. Lexington
5. *Full Name of Mother,* Jessie Bursch
6. *Mother's Maiden Name,* Jessie Swann
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* George Bursch
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Thos. Corbin MD

Address, 914 N Charles St

Remarks,

8 4 7 0 0 0 6 3 6 4

...months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 23th 1897
4. Place of Birth, (Street and Number) 25 Milington Ave
5. Full Name of Mother, Yetta Hyland
6. Mother's Maiden Name, Yetta Garring
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Hyland
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Hiller

Address, 2008 McHenry st

Remarks,

8970006365

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd 3rd

1. *Sex, (state whether male or female)* Males

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* Oct 23rd 1907

4. *Place of Birth, (Street and Number)* No. 1816 Madison Ave

5. *Full Name of Mother,* Florence Rigg.

6. *Mother's Maiden Name,* Taylor,

7. *Mother's Birthplace,* U. S.

8. *Full Name of Father,* Edgar T. Rigg.

9. *Father's Occupation* Printer

10. *Father's Birthplace,* U. S.

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross.

Address, 1907 E. Monument, Str.

Remarks,

8 9 7 0 0 0 ; 3 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* — — —
3. *Date of Birth,* Oct 23 rd/97
4. *Place of Birth, (Street and Number)* Sinclair Lane Dr. Withridge place Balti. county
5. *Full Name of Mother,* Anna Bauer
6. *Mother's Maiden Name,* Roese
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Bauer
9. *Father's Occupation* milk Dairy
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, 1907 E. Monument, Str.

Remarks,

8970006367

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 24th 1897
4. Place of Birth, (Street and Number) 711 E. Lombard St
5. Full Name of Mother, Mary Sobeloff
6. Mother's Maiden Name, Mary Caplan
7. Mother's Birthplace, Sadara Rus.
8. Full Name of Father, Jacob Sobeloff
9. Father's Occupation Pedler
10. Father's Birthplace, Sadara Rus.

Name of Medical Attendant, or other person who makes this Return, Yetta Klawansky

Address, 1022 E. Lombard St

Remarks,

8970006368

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday Oct 24th 1897. (3.45 A.M.)
4. *Place of Birth, (Street and Number)* 700 N. Payson St
5. *Full Name of Mother,* Sarah Askey
6. *Mother's Maiden Name,* Sarah Clatchey.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Jas. R. Askey
9. *Father's Occupation* Photographer
10. *Father's Birthplace,* Baltimore C

Name of Medical Attendant, or other person who makes this Return, Elizabeth Todd

Address, 112 W Mulberry St

Remarks, Failed Tuel

8970006369

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 14 - 1897.
4. Place of Birth, (Street and Number) 1304 - William st
5. Full Name of Mother, Effie Owen
6. Mother's Maiden Name, Michael
7. Mother's Birthplace, B. O.
8. Full Name of Father, Clarence Owens
9. Father's Occupation R.R Messenger
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, W B Hawkins

Address, 519 W Saratoga st

Remarks, 8970006370

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 18 1897
4. *Place of Birth, (Street and Number)* 1224 Peabody St
5. *Full Name of Mother,* Matilda Strube
6. *Mother's Maiden Name,* Niedermeyer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Strube
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, W B Hawkins

Address, 509 N Sarolaga St

Remarks,

[illegible] shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Oct 21 1897

4. *Place of Birth, (Street and Number)* 234 N Mount

5. *Full Name of Mother,* Alora Smith

6. *Mother's Maiden Name,* —

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* Walter Waldron

9. *Father's Occupation* Farmer

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Wm. Hawkins

Address, 509 W Saratoga St

Remarks, 8497000637 2

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 22 - 1897
4. *Place of Birth, (Street and Number)* 1015 N. Chappel St.
5. *Full Name of Mother,* Emma Wolf
6. *Mother's Maiden Name,* Fischer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Wolf
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Veath St.

Remarks,

8970006373

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Baltimore Oct 22, 1892

4. Place of Birth, (Street and Number) 1013 E. Fayette Street Baltimore

5. Full Name of Mother, Sarah Katz

6. Mother's Maiden Name, Sarah Landa

7. Mother's Birthplace, Russia

8. Full Name of Father, Jacob Katz

9. Father's Occupation, Peddler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, 147 N. Exeter St. Balto.

Remarks,

8970006374

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore Oct. 23, 1897.
4. Place of Birth, (Street and Number) 104 Albemarle Street Balto.
5. Full Name of Mother, Hattie Shapiro
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Shapiro
9. Father's Occupation, Pants Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, 147 N. Eutaw St. Balto.

Remarks,

8970006375

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236.]

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the name conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 24 - 1897.
4. *Place of Birth, (Street and Number)* 1903 Druid St
5. *Full Name of Mother,* Lizzie Bowen
6. *Mother's Maiden Name,* Washington
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Leroy Bowen
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return, W B Hawkins

Address, 509 W Saratoga St

Remarks, 8970006376

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 24 Oct 1897
4. *Place of Birth, (Street and Number)* 2122 Vine St
5. *Full Name of Mother,* Georgia Beall
6. *Mother's Maiden Name,* Naylor
7. *Mother's Birthplace,* Charles Co Md
8. *Full Name of Father,* Arth Beall
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Charles Co

Name of Medical Attendant, or other person who makes this Return, J. H. Gardiner, M.D.

Address, 1712 N. Lexington

Remarks,

8970006377

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 86695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 24th 1897
4. *Place of Birth, (Street and Number)* 1368 Woodyear St.
5. *Full Name of Mother,* Lizzie Cammond
6. *Mother's Maiden Name,* Lizzie Bailey
7. *Mother's Birthplace,* Cumberland
8. *Full Name of Father,* John Cammond
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Curandal Co

Name of Medical Attendant, or other person who makes this Return, Mary Harvey

Address,

Remarks, 1809 Tennent St.

8970006378

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86 696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 25th 1897
4. *Place of Birth, (Street and Number)* 1026 Hammond Alley
5. *Full Name of Mother,* Catherine Berlin
6. *Mother's Maiden Name,* Catherine Will
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Lenz midwife

Address, 1539 Alicanna Street

Remarks, Husband being dead 2 years - Father of child unknown

8 9 7 0 0 0 6 3 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 25 1897
4. *Place of Birth, (Street and Number)* 1224 Big Macellar
5. *Full Name of Mother,* Yettie Burman
6. *Mother's Maiden Name,* Y. Zimmerson
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Herman Burman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 25 Lloyd St

Remarks,

8 9 7 0 0 0 6 3 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

[illegible] the Commissioner of [illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 25 – 1897
4. Place of Birth, (Street and Number) 1500 E. Pratt St.
5. Full Name of Mother, Minnie Dobbins
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Germany
8. Full Name of Father, G. H. Dobbins
9. Father's Occupation Fireman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 9 7 0 0 0 6 3 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 25/97.
4. *Place of Birth, (Street and Number)* 1834 Gough St
5. *Full Name of Mother,* Alice Seigmund
6. *Mother's Maiden Name,* Alice Hinkleman
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Louis Seigmund
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, A. Gashiell M.D.

Address, 2340 Madison Ave —

Remarks, Born 10.10 P. M.

8 9 7 0 0 0 6 3 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the Commissioner of [illegible] the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 25 th
4. *Place of Birth, (Street and Number)* 104 S. Eden St
5. *Full Name of Mother,* Ida Kidot
6. *Mother's Maiden Name,* Ida Berman
7. *Mother's Birthplace,* Razilia Rus.
8. *Full Name of Father,* ~~Jacob Kidot~~ Joe Kidot
9. *Father's Occupation* Peddler
10. *Father's Birthplace,* Pusalot Russ

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address, 1022 E. Lombard St

Remarks,

8 9 7 0 0 0 6 3 8 3

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 26th
4. *Place of Birth, (Street and Number)* 905 E. Pratt St.
5. *Full Name of Mother,* Sarah Margolious
6. *Mother's Maiden Name,* Sarah Crasner
7. *Mother's Birthplace,* Abolsic Rus.
8. *Full Name of Father,* Nathan Margolious
9. *Father's Occupation* Peddler
10. *Father's Birthplace,* Russola Rus.

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address, 1022 E. Lombard St

Remarks,

8 9 7 0 0 0 6 3 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and child to report, or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 26 1897

4. Place of Birth, (Street and Number) 1021 Eastern Ave.

5. Full Name of Mother, Mary F. Wentworth

6. Mother's Maiden Name, Wilson

7. Mother's Birthplace, Western Maryland

8. Full Name of Father, John J. Wentworth

9. Father's Occupation Driver

10. Father's Birthplace, Maine

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Preath St.

Remarks,

8970006385

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct. 2nd 1897
4. Place of Birth, (Street and Number) Madison St.
5. Full Name of Mother, Kate Boykins
6. Mother's Maiden Name, " Brown
7. Mother's Birthplace, Md
8. Full Name of Father, William Boykins
9. Father's Occupation Labor
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Susan Bailey

Address, #8 Talbot St Waverly

Remarks, Well

8 9 7 0 0 0 6 3 8 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 17th 1897
4. Place of Birth, (Street and Number) Wagners Point Md
5. Full Name of Mother, Maggie Leidner
6. Mother's Maiden Name, Maggie Ford
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Michael Leidner
9. Father's Occupation Tailor
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt

Address, 1726 Eastern Ave

Remarks, Balto Md

8970006387

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18 Oct 1897
4. *Place of Birth, (Street and Number)*	942 Parkin st
5. *Full Name of Mother,*	Mary ann Forney
6. *Mother's Maiden Name,*	" " Kerns
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Benjma F. Forney
9. *Father's Occupation*	Harness Maker
10. *Father's Birthplace,*	Baltimore,
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hines
Address,	921 Ryan St Baltimore
Remarks,	

Said Schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 4 7 0 0 0 6 3 8 8

RETURN OF A BIRTH. 88706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 22d 1897
4. *Place of Birth, (Street and Number)* 420 S Eden St
5. *Full Name of Mother,* Martha L Gottschalk
6. *Mother's Maiden Name,* Martha L Baxter
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Louis Gottschalk
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt

Address, 1726 Eastern Ave

Remarks, Balto Md

8970006389

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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been conferred) its sex, color, the full name and occupation of its p
said schedule shall be delivered, duly signed by the practitioner in th
third day of each and every month to the office of the Commissione
shall occur without the attendance of a physician or practioner of
attendance upon the mother, immediately thereafter it shall becom
child to report its birth to the Commissioner of Health, in the manne
any such person or persons who shall hereafter fail to comply with t
jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex of Child, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct. 24
4. Place of Birth, (Street and Number)	#2306 E. Fayette st
5. Full Name of Mother,	Dorothy Medinger
6. Mother's Maiden Name,	Dorothy Williams
7. Mother's Birthplace,	Gloucester Co.
8. Full Name of Father,	Neal Medinger
9. Father's Occupation	Sales-man
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Portner
Address,	#241 S. Chester st.
Remarks,	

8 9 7 0 0 0 6 3 9 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Name of Child: Howard Hall Glass

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1

1. Sex, (state whether male or female) ~~Female~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Octo 25th 1897
4. Place of Birth, (Street and Number) 242 Fawn and Ave
5. Full Name of Mother, Mary Eddy Glass
6. Mother's Maiden Name, " " House
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry, alias, Harry Glass
9. Father's Occupation Letter Carrier
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J Ridgway André M D

Address, 1123 E Balto St

Remarks,

8 9 7 0 0 0 6 3 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-3-49

1236.]

RETURN OF A BIRTH. 86709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Samuel O'Connell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 5-th 1897
4. Place of Birth, (Street and Number) 1141 Ridgley st
5. Full Name of Mother, Carrie O'Connell
6. Mother's Maiden Name, Carrie Bentley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daniel O'Connell
9. Father's Occupation Iron worker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mary E Bentley

Address, 1141 Ridgley st

Remarks, Child living

8 9 7 0 0 0 6 3 9 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236]

been completed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 8ten 1897
4. *Place of Birth, (Street and Number)* 1733 W. Pratt St.
5. *Full Name of Mother,* Anna Tauth
6. *Mother's Maiden Name,* Tugen
7. *Mother's Birthplace,* Kantigabe Eulen
8. *Full Name of Father,* Patric Tauth
9. *Father's Occupation* ~~Wirkler~~ Work Mann
10. *Father's Birthplace,* Kantigabe Eulen

Name of Medical Attendant, or other person who makes this Return, Anna Benchett

Address, 1914 W. Pratt Street

Remarks,

8 9 7 0 0 0 6 3 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 86711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ter

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13 October 1897
4. *Place of Birth, (Street and Number)* 2117 Marieanon Street
5. *Full Name of Mother,* Kathe Koch
6. *Mother's Maiden Name,* Stieger
7. *Mother's Birthplace,* Lustnau Germany
8. *Full Name of Father,* Martin Koch
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Osdorf Germany

Name of Medical Attendant, or other person who makes this Return, Anna Benchelt

Address, 1914 W Pratt Street

Remarks,

8 9 7 0 0 0 6 3 9 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236

RETURN OF A BIRTH. 86712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 ter

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 October 1892
4. Place of Birth, (Street and Number) 204 Smalwood St.
5. Full Name of Mother, Anna Elberskirch
6. Mother's Maiden Name, Kohns
7. Mother's Birthplace, Frieckheim Germ.
8. Full Name of Father, Wilhelm Elberskirch
9. Father's Occupation Carpenter
10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Benedelt

Address, 1914 W. Pratt Street

Remarks,

8 9 7 0 0 0 6 3 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the Commissioner of [illegible] by the Commissioner of [illegible] a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 86713

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* October 26. 1897-
4. *Place of Birth (Street and Number)* No 60 Bell Air Ave.
5. *Full Name of Mother* Mary Marialla
6. *Mother's Maiden Name* Mary Nopilella
7. *Mother's Birthplace* Naples Italy 8 years from Italy
8. *Full Name of Father* Frank Nopilella
9. *Father's Occupation* Trackman on B. & O.
10. *Father's Birthplace* Naples Italy 12 years from Italy

Name of Medical Attendant, or other Person who makes this Return. Edw. L. Corse M.D.

Address Gardenville

Remarks Balto Co. Md.

8970006396

RETURN OF A BIRTH. 86714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 21st 1897
4. *Place of Birth, (Street and Number)* # 1023 Race St
5. *Full Name of Mother,* Annie M Schwab
6. *Mother's Maiden Name,* " " West
7. *Mother's Birthplace,* Georgetown Del
8. *Full Name of Father,* August Schwab
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Moore

Address, 49 W. West St Balto Md

Remarks,

8970006397

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 24th 97
4. *Place of Birth, (Street and Number)* 819 Webster Alley
5. *Full Name of Mother,* Jamie Harden
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* unknown
9. *Father's Occupation,* " " "
10. *Father's Birthplace,* ——

Name of Medical Attendant, or other person who makes this Return. Mrs Mr. Tibbs

Address, 719 Burren St

Remarks,

8970006398

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Oct 28/897.
4. Place of Birth, (Street and Number) 714 Stockson st.
5. Full Name of Mother, (Annie Bowden) Annie Thomas.
6. Mother's Maiden Name, Eastern shore.
7. Mother's Birthplace, Henry Bowden.
8. Full Name of Father, Laboring.
9. Father's Occupation Baltimore City.
10. Father's Birthplace, Mary & Jones.

Name of Medical Attendant, or other person who makes this Return, 121 Saratoga Street

Address, Baltimore Md

Remarks,

897U006399

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 86717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 1. 1897. 1233 (~~Jefferson~~ St)
4. *Place of Birth, (Street and Number)* 1233 Jefferson St
5. *Full Name of Mother,* Pauline Goldberg
6. *Mother's Maiden Name,* " Ledra
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Goldberg
9. *Father's Occupation* Tailor.
10. *Father's Birthplace,* Russia (Germany)

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman

Address, 42 Albemarle St.

Remarks,

8 9 7 0 0 0 6 4 0 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236.]

RETURN OF A BIRTH. 86718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 2. 1897
4. *Place of Birth, (Street and Number)*	603 Hanover St
5. *Full Name of Mother,*	Pauline Sarelovitz
6. *Mother's Maiden Name,*	" Israelson
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Morris Sarelovitz
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Jno E. Scherman
Address,	42 Altemarle St.
Remarks,	

8 9 7 0 0 0 6 4 0 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 4. 1897
4. *Place of Birth, (Street and Number)* 1200 Jackson St.
5. *Full Name of Mother,* Lucy Goldberg.
6. *Mother's Maiden Name,* " Baumberger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Eagnotz Goldberg
9. *Father's Occupation* Cutter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs E Scherman

Remarks, 42 Albemarle St City.

8 9 7 0 0 0 5 4 0 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 Oct. 1897
4. *Place of Birth, (Street and Number)* 134 Harrison St.
5. *Full Name of Mother,* Bessie Epstein
6. *Mother's Maiden Name,* " Charlove
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Simon Epstein
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Wm. E. Scherman.

Address, 42. Albemarle St

Remarks,

8970006403

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 12. 1897
4. *Place of Birth, (Street and Number)* 16 Albemarle St.
5. *Full Name of Mother,* Mary Goldman
6. *Mother's Maiden Name,* " Potts
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Herman Goldman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman

Address, 42 Albemarle St

Remarks,

8 4 7 0 0 0 6 4 0 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 3-30-55

RETURN OF A BIRTH. 86722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Dame ~~McMakin~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 14/97
4. Place of Birth, (Street and Number) Cor. Bolton & Mosher
5. Full Name of Mother, Louisa McMakin
6. Mother's Maiden Name, " " Abell
7. Mother's Birthplace, Maryland
8. Full Name of Father, Geo. McMakin
9. Father's Occupation Express
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Wm B. Rider

Address, 867 Harlem Av.

Remarks,

8970006405

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15, Oct 1897.
4. *Place of Birth, (Street and Number)* 909. Stiles St.
5. *Full Name of Mother,* Eva Fleishman
6. *Mother's Maiden Name,* " Kranzberg
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harry Fleishman
9. *Father's Occupation* Coalyard
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman.

Address, 42. Albemarle.

Remarks,

8970006406

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] of the Commissioner of [illegible] which have occurred under his or her care during the [illegible] the births which have occurred under his or her care during the [illegible] the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1235.]

RETURN OF A BIRTH. 88724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17 Oct 1897.
4. *Place of Birth, (Street and Number)*	64 E Fontard St
5. *Full Name of Mother,*	Elizabeth Ridder's
6. *Mother's Maiden Name,*	" Fike
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Theodore Ridder's
9. *Father's Occupation*	Baker.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Mrs. E. Schuman.
Address,	42 Albemarle St.
Remarks,	

8 9 7 0 0 0 6 4 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

GIVEN NAME ADDED 2-4-60

RETURN OF A BIRTH. 88725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Rose 4th
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 21, 1897
4. *Place of Birth, (Street and Number)*	413, Carline St
5. *Full Name of Mother,*	Mary Greenebaum
6. *Mother's Maiden Name,*	" Reinberg
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Jos. Greenebaum.
9. *Father's Occupation*	Saloon-keeper
10. *Father's Birthplace,*	Russia.
Name of Medical Attendant, or other person who makes this Return,	Mrs. E. S Cherman.
Address,	42. Albemarle St
Remarks,	

8 9 7 0 0 0 6 4 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the births which have occurred under his or her care during the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the officer in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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which have occurred under his or her care during the
ertained the full name of each child, (if any shall have
tion of its parents, the date and place of birth; and the
titioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
ractioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
n the manner and within the period above required, and
omply with the provisions of this section shall be sub-
e recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 22 1897
4. *Place of Birth, (Street and Number)*	1203 Jackson St.
5. *Full Name of Mother,*	Annie Levy
6. *Mother's Maiden Name,*	" Silberstein
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Max Levy
9. *Father's Occupation*	Tailor.
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return,	Mrs. E. Scherman
Address,	42. Albemarle St
Remarks,	twins

8970006409

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Saturday October 23 1897
4. *Place of Birth, (Street and Number)* No 103 York St
5. *Full Name of Mother,* Lizzie Moon
6. *Mother's Maiden Name,* Lizzie Grau
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Moon
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Broklin Anna Arundel County

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1511 Byrd St

Remarks,

8970006410

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to couply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 86728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Oct 26th 1897.
4. Place of Birth, (Street and Number) 225-W- Canal St.
5. Full Name of Mother, Mary Donaldson Waters.
6. Mother's Maiden Name, Mary Irwin Donaldson.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Seymour Taliaferro Waters.
9. Father's Occupation Attorney at Law.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Robt. J. Wilson

Address, 20 Park ave.

Remarks,

8970006411

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 27th 97
4. *Place of Birth, (Street and Number)* 2702 Bernard Ave
5. *Full Name of Mother,* Clara M. Miller
6. *Mother's Maiden Name,* Clara M. Charlton
7. *Mother's Birthplace,* W. Va.
8. *Full Name of Father,* Dennis G. Miller
9. *Father's Occupation* Motorman
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Martha Griffen

Address, 1814 Windsor Ave

Remarks,

8 9 7 0 0 0 6 4 1 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1336.]

RETURN OF A BIRTH. 86730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 29, 1897
4. *Place of Birth, (Street and Number)*	425 Exeter St.
5. *Full Name of Mother,*	Rebecca Greenberg
6. *Mother's Maiden Name,*	" Bernstein
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Simon Greenberg
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs. E. Scherman
Address,	42. Albemarle St.
Remarks,	8970006413

month, and shall set forth as far as the same can be ascertained ... been conferred) its sex, color, the full name and occupation of ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner in the form of a certificate between the first and ... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall become the duty of ... the manner and within the period above required, and ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 1th 1897
4. *Place of Birth, (Street and Number)* Baltimore 504 N Fremont st
5. *Full Name of Mother,* Mrs Mary Elizabeth Engel
6. *Mother's Maiden Name,* Mary Elizabeth Long
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Edwin Charles Engel
9. *Father's Occupation* Livery Business
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 St Cross St

Remarks,

8970006414

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 1. October 1897.

4. Place of Birth, (Street and Number) 139 W. Randall Str.

5. Full Name of Mother, Augusta Paul Lehmann.

6. Mother's Maiden Name, Germany.

7. Mother's Birthplace, Fred. A. Paul

8. Full Name of Father, Labor

9. Father's Occupation Germany.

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 H. Brooks Str.

Remarks,

897.0006415

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, first Oct. 1897.

4. Place of Birth, (Street and Number) Strayer St. 1101

5. Full Name of Mother, Magie Schütte

6. Mother's Maiden Name, " Grabareck

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Schütte

9. Father's Occupation Laborer

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, P Liersemann

Address, Elliott St. 29.22.

Remarks, none

8 9 7 0 0 0 6 4 1 6

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236

RETURN OF A BIRTH. 86734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 1/97
4. *Place of Birth, (Street and Number)* 1915 McElderry St.
5. *Full Name of Mother,* Annie Otto
6. *Mother's Maiden Name,* " Belt
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Otto
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 6 4 1 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 1 1897
4. *Place of Birth, (Street and Number)* 7 N. Fulton ave
5. *Full Name of Mother,* Maud Elizabeth Rutherford
6. *Mother's Maiden Name,* Maud Elizabeth Kastendike
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Alexander Merryman Rutherford
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, G. W. Slater M.D.

Address, 1703 W Fayette

Remarks,

8 4 7 0 0 0 5 4 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 1 18 97
4. Place of Birth, (Street and Number) 521 Oakview city
5. Full Name of Mother, Caroline Slimmer
6. Mother's Maiden Name, Jeffery
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ignatius Slimmer
9. Father's Occupation Labour
10. Father's Birthplace, Fredrick County

Name of Medical Attendant, or other person who makes this Return.

Address, Martha E King 575 Thackeray av city

Remarks,

8970006419

Wm. J. C. Dulany Co., City Printers and Stationers

[illegible] as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 86737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, ot 1st 1877
4. Place of Birth, (Street and Number) 128 N. Clement st
5. Full Name of Mother, Annie Cecilia Geye
6. Mother's Maiden Name, Annie Cecilia Schultz
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, David Franklin Geye
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnah

Address, 800 Leadenhall Street

Remarks,

8970006420

been conferred) its sex, color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Oct 1 '97.
4. Place of Birth, (Street and Number) 1131 Shields al.
5. Full Name of Mother, Annie Williams
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father, Steve Coleman
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, Md. Gen. Hosp.

Remarks,

8 9 7 0 0 0 6 4 2 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 1st 97
4. *Place of Birth, (Street and Number)* 620 E. Ball St.
5. *Full Name of Mother,* Annie M. Snyder
6. *Mother's Maiden Name,* Annie M. Thompson
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Andrew N Snyder
9. *Father's Occupation* Restaurant
10. *Father's Birthplace,* Penn

Name of Medical Attendant, or other person who makes this Return, Thomas Sadler

Address, 703 E Baltimore St.

Remarks,

8970006422

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 86740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 2, 1897.
4. Place of Birth, (Street and Number) 130 Chestnut ave.
5. Full Name of Mother, Ida Elizabeth McHall.
6. Mother's Maiden Name, Williams.
7. Mother's Birthplace, Md.
8. Full Name of Father, Daniel McHall.
9. Father's Occupation Engine Hostler.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8970006423

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 86741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 2, 1897
4. Place of Birth, (Street and Number) 3036 Hudson St.
5. Full Name of Mother, Mary Elliott
6. Mother's Maiden Name, Mary Peterson
7. Mother's Birthplace, Balto.
8. Full Name of Father, Daniel Elliott
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Lovejoy

Address, 824 S. Caston St.

Remarks,

8970006424

Wm. J. C. Dulany Co., City Printers and Stationers.

...months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 86742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 2. (12.45 P. M.)
4. Place of Birth, (Street and Number) 214 Canton Street
5. Full Name of Mother, Agnes Augitus
6. Mother's Maiden Name, Austinolene
7. Mother's Birthplace, Gubiorna - Russia
8. Full Name of Father, Antonio Augitus
9. Father's Occupation Laborer
10. Father's Birthplace, ? Russia

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kanne (for the Mothers Relief Society)

Address, 1412 Eutaw Place

Remarks,

8 4 7 0 0 0 6 4 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

CIVEN NAME ADDED 3-30-55

RETURN OF A BIRTH. 86743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Kenneth Oscar ~~Bitter~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 2nd 1897
4. Place of Birth, (Street and Number) 522. 23rd St
5. Full Name of Mother, Ellmora Bitter
6. Mother's Maiden Name, Poske
7. Mother's Birthplace, Balto.
8. Full Name of Father, Oscar Bitter
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. W. Seldner

Address, 1001 E. Eagar St.

Remarks,

8970006426

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-19-58

RETURN OF A BIRTH. 8744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter Irvin ~~White~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Oct. 2nd 1897
4. Place of Birth, (Street and Number) 1214 N. Wolfe St
5. Full Name of Mother, Cornelia White
6. Mother's Maiden Name, Blunt
7. Mother's Birthplace, North Carolina
8. Full Name of Father, Wm. H. White
9. Father's Occupation White. waiter
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, Wm. Delaney M.D.

Address, John Hopkins Hospital

Remarks,

8 9 7 0 0 0 6 4 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XIV

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Oct. 2nd 1897
4. Place of Birth, (Street and Number) 820 McDonogh St
5. Full Name of Mother, Sarah Puckney
6. Mother's Maiden Name, Nelson
7. Mother's Birthplace, Maryland
8. Full Name of Father, Joseph Puckney
9. Father's Occupation janitor
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Wm. Dulany Md.

Address, John Hopkins Hospital.

Remarks,

8970006428

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Yale 5th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2nd Oct 97
4. *Place of Birth, (Street and Number)* 1614 Bourrough St
5. *Full Name of Mother,* Mary Link
6. *Mother's Maiden Name,* " Goss
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Link
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E. Yewell

Address, 650 E Fort Ave

Remarks,

8970006429

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 2d 1897
4. *Place of Birth, (Street and Number)*	526 N Collington Ave
5. *Full Name of Mother,*	Emma O Cole
6. *Mother's Maiden Name,*	Jensen
7. *Mother's Birthplace,*	Norway
8. *Full Name of Father,*	Edw W Cole
9. *Father's Occupation*	Conductor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Horn Midwife
Address,	1922 E. Fayette St
Remarks,	

8 4 7 0 0 0 6 4 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86748

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 2
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Sarah Butler
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jas. D Love

Address, 622 W Lombard

Remarks,

8970006431

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 2 '97
4. *Place of Birth, (Street and Number)* 306 N. Calvert
5. *Full Name of Mother,* Mary Dulley
6. *Mother's Maiden Name,* Not Known
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Not Known
9. *Father's Occupation* Not Known
10. *Father's Birthplace,* Not Known

Name of Medical Attendant, or other person who makes this Return, D. J. Long

Address, 113 W. Fontaine

Remarks,

8970006432

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Oct 2. 1897
4. *Place of Birth, (Street and Number)*	Brown St. 5.
5. *Full Name of Mother,*	Mary Palychak
6. *Mother's Maiden Name,*	Puchkar
7. *Mother's Birthplace,*	Austrian
8. *Full Name of Father,*	Frank Palychak
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Austrian
Name of Medical Attendant, or other person who makes this Return,	P Liersemann
Address,	Elliott St. 992
Remarks,	none

8 9 7 0 0 0 6 4 3 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) eight

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2. Oct. 1899
4. Place of Birth, (Street and Number) Canton St 520
5. Full Name of Mother, Weronie Wischnefskie
6. Mother's Maiden Name, " Koprofskie
7. Mother's Birthplace, Germany
8. Full Name of Father, Stanislaw Wischnefskie
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, P Liersmann

Address, Elliott St. 2922

Remarks, none

8 9 7 0 0 0 6 4 3 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the physician or practitioner in the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)	2d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the ~~white race~~)	Colored
3. Date of Birth,	Oct 31/97
4. Place of Birth, (Street and Number)	1300 Division & Josy Lane
5. Full Name of Mother,	Josy, Linsey
6. Mother's Maiden Name,	Virginia
7. Mother's Birthplace,	Robert Lane
8. Full Name of Father,	Hulsters.
9. Father's Occupation,	Virginia
10. Father's Birthplace,	J. D. Coul
Name of Medical Attendant, or other person who makes this Return,	1420 N Pine
Address,	
Remarks,	

897000435

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 86753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 31/97
4. Place of Birth, (Street and Number) 4 N. Collington Ave.
5. Full Name of Mother, Mary E. Leonard
6. Mother's Maiden Name, " Southcomb
7. Mother's Birthplace, Balto.
8. Full Name of Father, Willard Leonard
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 6 4 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

1236 |

RETURN OF A BIRTH. 86734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 31/97
4. Place of Birth, (Street and Number) 220 E. Biddle St.
5. Full Name of Mother, Lina Schnabel
6. Mother's Maiden Name, Weiss
7. Mother's Birthplace, Balto.
8. Full Name of Father, Julius Schnabel
9. Father's Occupation, Backer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 8 9 7 0 0 0 6 4223 Gough St. Baltimore, Md.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 3. 1897
4. Place of Birth, (Street and Number) Parish st № 316
5. Full Name of Mother, Matilda M Miller
6. Mother's Maiden Name, Matilda M
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George A Miller
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, № 1929 Wilkins ave

Remarks,

8970006438

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October the 3 1897
4. *Place of Birth, (Street and Number)* Pulaski st No 5.28
5. *Full Name of Mother,* Mary A Miller
6. *Mother's Maiden Name,* Mary A Cline
7. *Mother's Birthplace,* Elicots Cittey
8. *Full Name of Father,* Theodore Miller
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Milkins Ave

Remarks,

8 9 7 0 0 0 6 4 3 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 5th 1897
4. *Place of Birth, (Street and Number)* Chestnut Avenue
5. *Full Name of Mother,* Mary Wilhelmina Davis
6. *Mother's Maiden Name,* Mary Wilhelmina McMorris
7. *Mother's Birthplace,* Bellair Harford Co.
8. *Full Name of Father,* John William Davis
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Albert Shelley M.D.

Address, 3426 Chestnut Ave Hampden Balto.

Remarks,

8970006440

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 86758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white,
3. *Date of Birth,* Oct. 3, 1897
4. *Place of Birth, (Street and Number)* 921 Patuxent St.
5. *Full Name of Mother,* Ida Webb
6. *Mother's Maiden Name,* Ida Roberts
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Wm. Webb
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8970006441

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 86759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 3 1894
4. *Place of Birth, (Street and Number)* 236 Hickory ave city
5. *Full Name of Mother,* Lula Mobrine
6. *Mother's Maiden Name,* Bennett
7. *Mother's Birthplace,* Carroll County
8. *Full Name of Father,* James L Obrine
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other person who makes this Return

Address, Martha E King 545 Hickory ave city

Remarks,

8970006442

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oktober 3/97
4. *Place of Birth, (Street and Number)* 1616 Shakespeare St
5. *Full Name of Mother,* Anne Piskor
6. *Mother's Maiden Name,* A. Wrzesnianka
7. *Mother's Birthplace,* Ostra
8. *Full Name of Father,* Pill Piskor
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ostra

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, Ann St No 721

Remarks, Baltimore

8970006443

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10/3/97
4. *Place of Birth, (Street and Number)* 206 Pitts Borough St.
5. *Full Name of Mother,* Mrs. L. Monroe
6. *Mother's Maiden Name,* Not Known
7. *Mother's Birthplace,* Not Known
8. *Full Name of Father,* Not Known
9. *Father's Occupation* Not Known
10. *Father's Birthplace,* Not Known

Name of Medical Attendant, or other person who makes this Return, Dr D. J. Long

Address, 110-115 W Lombard St

Remarks, Could not understand what she said about Birth Place of Father.

8 9 7 0 0 0 6 4 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	3rd of March 97.
4. *Place of Birth, (Street and Number)*	No 4 Stinson St
5. *Full Name of Mother,*	Auguste maile
6. *Mother's Maiden Name,*	Auguste Borg
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Maile
9. *Father's Occupation*	Brauer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler midwife
Address,	2116 W. Pratt St
Remarks,	

8970006445

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the ...said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or if shall become the duty of ...attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3 Oktober
4. Place of Birth, (Street and Number) 2927 Odonnell Str Baltimore
5. Full Name of Mother, Katharine Schuler
6. Mother's Maiden Name, Katharine Oechsler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Schuler
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Walburg Burkart

Address, 1011 Bouldin Str Canton

Remarks,

8970006446

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 86764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 ½

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th of October 97.
4. Place of Birth, (Street and Number) 1816 W. Lombard St.
5. Full Name of Mother, Margaret Lehne (Mage Dibner)
6. Mother's Maiden Name, Margaret Keyser (Mage Kaiser)
7. Mother's Birthplace, Germany
8. Full Name of Father, August (Lehne Dibner)
9. Father's Occupation Laber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keiler Midwife

Address, 2116 W. Pratt St

Remarks, Fullname - George Charles Lehne

8970006447

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 4th of October 97
4. *Place of Birth, (Street and Number)* 204 Frederick Av
5. *Full Name of Mother,* Auguste Schubert
6. *Mother's Maiden Name,* Auguste Kasmodel
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Carls Schubert
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St

Remarks,

8970006448

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] during the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 4/97
4. *Place of Birth, (Street and Number)* 220 Roland Ave
5. *Full Name of Mother,* Katie Smith
6. *Mother's Maiden Name,* " Blouse
7. *Mother's Birthplace,* Penn
8. *Full Name of Father,* Jos. W. Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return, Wm H Fiddeman

Address, #102 Chestnut Ave

Remarks,

8970006449

Wm. J. C. Dulany Co., City Printers and Stationers.

216.]

RETURN OF A BIRTH. 86767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) F

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Blk
3. *Date of Birth,* Oct 4 97
4. *Place of Birth, (Street and Number)* 1 H H
5. *Full Name of Mother,* Elizabeth Anderson
6. *Mother's Maiden Name,* " Cole
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Robt Anderson
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin

Address,

Remarks,

8 9 7 0 0 0 6 4 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Oct. 4th 1897
4. *Place of Birth, (Street and Number)* 1024 Chapel St
5. *Full Name of Mother,* Sarah Keys
6. *Mother's Maiden Name,* " Lenton
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Joshua Keys
9. *Father's Occupation* Street-peddler
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Wm. McDabney MD

Address, Johns Hopkins Hospital

Remarks,

8970006451

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 4/1897
4. *Place of Birth, (Street and Number)* Liberty Road + Calvert Ave
5. *Full Name of Mother,* Emma Waller
6. *Mother's Maiden Name,* Emma Pepple
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Harry J Waller
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison Av

Remarks,

8 9 7 0 0 0 6 4 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 4th 1897
4. Place of Birth, (Street and Number) 44 South Schroder st
5. Full Name of Mother, Nellie Benton
6. Mother's Maiden Name, Nellie Emanuel
7. Mother's Birthplace, North Pottsville st City
8. Full Name of Father, Frank Benton
9. Father's Occupation Driver
10. Father's Birthplace, Schroder & Lombard City

Name of Medical Attendant, or other person who makes this Return, M. A Ledley

Address, 1004 West Lexington St.

Remarks,

8 4 7 0 0 0 6 4 5 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 24
4. *Place of Birth, (Street and Number)* 46 S. Potteston st
5. *Full Name of Mother,* Lizzie Keyser
6. *Mother's Maiden Name,* Poltmeir
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wm Keyser
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Ranger

Address, 711 St Louis St

Remarks,

8970006454

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 5/97
4. *Place of Birth, (Street and Number)* 1722 E. Lombard St.
5. *Full Name of Mother,* Mary Goetz
6. *Mother's Maiden Name,* Barthels
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Goetz
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 8970006455 2325 Gough St. Baltimore, Md.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the shall occur without the attendance of a physician or pr attendance upon the mother, immediately thereafter. It child to report its birth to the Commissioner of Health, any such person or persons who shall hereafter fail to co jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	F
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Oct 5 1897
4. *Place of Birth, (Street and Number)*	Johns Hopkins Hospital
5. *Full Name of Mother,*	Annie Smith
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	John Broadis
9. *Father's Occupation*	Brick layer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Geo W Dobbin
Address,	
Remarks,	

8 9 7 0 0 0 6 4 5 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

35.]

RETURN OF A BIRTH. 86774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) I

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) Blk
3. *Date of Birth*, Oct 5 97
4. *Place of Birth*, (*Street and Number*) I H H
5. *Full Name of Mother*, Sarah Williams
6. *Mother's Maiden Name*, " "
7. *Mother's Birthplace*, Md
8. *Full Name of Father*, Thos Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin

Address,

Remarks,

8970006457

Wm. J. C. Dulany Co,. City Printers and Stationers.

the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
tician or practitioner of midwifery, or should no other person be in
hereafter, it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
or fail to comply with the provisions of this section shall be sub-
fence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, to

GIVEN NAME ADDED 4-22-59

RETURN OF A BIRTH. 86775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Marie Elizabeth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 5th 1917
4. Place of Birth, (Street and Number) 1412 Fairmount Ave
5. Full Name of Mother, Elizabeth Wojac
6. Mother's Maiden Name, " Lack
7. Mother's Birthplace, Maryland
8. Full Name of Father, Jno. E. Wojac
9. Father's Occupation Painter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Wm. Dabney M.D.

Address, Johns Hopkins Hospital

Remarks,

8 9 7 0 0 0 6 4 5 8

This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH. 86776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 5th 1897
4. *Place of Birth, (Street and Number)*	1629 N. Broadway
5. *Full Name of Mother,*	Catherine B. McCollough
6. *Mother's Maiden Name,*	McKeown
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thos. P. McCollough
9. *Father's Occupation*	Clerk.
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	S. W. Seldner
Address,	1601 E. Eager St.
Remarks,	

8970006459

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 86777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 6th 1897
4. *Place of Birth, (Street and Number)*	1747 Jefferson St
5. *Full Name of Mother,*	Lida F. MacNeal
6. *Mother's Maiden Name,*	Boston
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Andrew E. MacNeal
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	J. W. Seldomridge
Address,	1001 E. Eager St.
Remarks,	

8970006460

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter, it shall
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health, and the
shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and

RETURN OF A BIRTH. 86778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Oct 5 '97

4. *Place of Birth, (Street and Number)* Sena Graham

5. *Full Name of Mother,* " Hammond

6. *Mother's Maiden Name,* 612 N. Caroline St

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* George Graham

9. *Father's Occupation* Fireman

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks,

8 4 7 0 0 0 6 4 6 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White - American
3. Date of Birth, October 6th. 1897
4. Place of Birth, (Street and Number) Maryland Lying In Asylum 115 W. Lombard
5. Full Name of Mother, Sallie Allen
6. Mother's Maiden Name, Unknown
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation Unknown
10. Father's Birthplace, Unknown

Name of Medical Attendant, or other person who makes this Return, E. Boyston M.D.

Address, 115 W. Lombard.

Remarks,

8970006462

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 86780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Bessie Mary Lovell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct. 6, 1897
4. Place of Birth, (Street and Number) 502 Glover St.
5. Full Name of Mother, Annie Lovell
6. Mother's Maiden Name, Annie (~~Lebenstein~~ Tolwenstein)
7. Mother's Birthplace, Balto.
8. Full Name of Father, Christopher Lovell
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8 9 7 0 0 0 6 4 6 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

OWW

RETURN OF A BIRTH. 86781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ella May Kirkwood

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct. 6 1897
4. Place of Birth, (Street and Number) 3119 Dillon St.
5. Full Name of Mother, Mary Kirkwood
6. Mother's Maiden Name, Mary E Redberger
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Kirkwood
9. Father's Occupation Lead-burner
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Downes

Address, 824 N. Caston St.

Remarks,

8970006464

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 6, 1897
4. *Place of Birth, (Street and Number)* 317 Dillon St.
5. *Full Name of Mother,* Kate Le Compte
6. *Mother's Maiden Name,* Kate Boyles
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Samuel Le Compte
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Isaac L. Swayne

Address, 824 S. Canton St.

Remarks,

8970006465

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Oct 6, 19[illegible]
4. Place of Birth, (Street and Number) 429 Druid Hill Ave
5. Full Name of Mother, Martha Galloway
6. Mother's Maiden Name, " Thornton
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo Galloway
9. Father's Occupation Drover
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, Md Gen Hosp.

Remarks,

8970006466

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 86784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 6th 1897
4. *Place of Birth, (Street and Number)*	834 N. Broadway
5. *Full Name of Mother,*	Margaret Burdette
6. *Mother's Maiden Name,*	Schultz
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Thomas J. Burdette
9. *Father's Occupation*	Provisions
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return,	J. W. Delaney
Address,	1007 E. Eager St.
Remarks,	

8970006467

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 6 97
4. *Place of Birth, (Street and Number)* #2923 Bernard Ave
5. *Full Name of Mother,* Dora Bell Eckman
6. *Mother's Maiden Name,* " " Fair
7. *Mother's Birthplace,* Howard Co. Md.
8. *Full Name of Father,* John Eckman
9. *Father's Occupation* Mill-hand
10. *Father's Birthplace,* Hagerstown Md.

Name of Medical Attendant, or other person who makes this Return, Wm H Feddeman

Address, #102 Chestnut Ave

Remarks,

8 4 7 0 0 0 6 4 6 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

1336.]

RETURN OF A BIRTH. 8786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct - 6/97
4. *Place of Birth, (Street and Number)* #2810 Bernard Ave
5. *Full Name of Mother,* Celia F Metcalf
6. *Mother's Maiden Name,* " " Councilman
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm H Metcalf
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm H Fackenthal M.D.

Address, #102 Chestnut Ave

Remarks,

8 4 7 0 0 0 6 4 6 9

said schedule shall be delivered, duly signed by the practitioner in the sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236

William Albert Schoeberlein (one)

RETURN OF A BIRTH. 86787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 6/97
4. Place of Birth, (Street and Number) 2203 Essex St.
5. Full Name of Mother, Mary Eliz. ~~Louise~~ Schoeberlein
6. Mother's Maiden Name, " Frederich
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Schoeberlein
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Mrs. Eisenhofer.

MIDWIFE,

2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 6 4 7 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 86788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female).* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 6/97
4. *Place of Birth, (Street and Number)* 2911 Elliott St.
5. *Full Name of Mother,* Katie Katthof
6. *Mother's Maiden Name,* " Dorn
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Fredc. Katthof
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 6 4 7 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child

Wm. J. C. Dulany Co., City Printers and Stationers.

16.]

RETURN OF A BIRTH. 8 67 89

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Wht
3. *Date of Birth,* Oct 6 1847
4. *Place of Birth, (Street and Number)* J H H
5. *Full Name of Mother,* Laura McNeel
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Charles Craig
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin

Address,

Remarks,

8 9 7 0 0 0 6 4 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 86790

CERTIFICATE CORRECTED 8/15/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Minnie Margaret Kessler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Wht
3. *Date of Birth,* Oct 6 1891
4. *Place of Birth, (Street and Number)* J H H
5. *Full Name of Mother,* Magga Hestter Kessler
6. *Mother's Maiden Name,* " Brunning
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Enoch Hestter Kessler
9. *Father's Occupation* Yabner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin

Address,

Remarks,

8970006473

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 86791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 6 97
4. *Place of Birth, (Street and Number)* 1 H H
5. *Full Name of Mother,* Mary Isaac
6. *Mother's Maiden Name,* " Hassig
7. *Mother's Birthplace,* Syria
8. *Full Name of Father,* Joseph Isaac
9. *Father's Occupation* Peddler
10. *Father's Birthplace,* Syria

Name of Medical Attendant, or other person who makes this Return, Geo W Dobkin

Address,

Remarks,

8970006474

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 6 '97
4. *Place of Birth, (Street and Number)*	713 N. Dallas St
5. *Full Name of Mother,*	Mary Lang
6. *Mother's Maiden Name,*	Mozucha
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Friedrich Lang
9. *Father's Occupation*	Florist
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Caroline Miller
Address,	1605 Walker St
Remarks,	

8970006475

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	6 Oct. 1897
4. *Place of Birth, (Street and Number)*	Hare St. 1209
5. *Full Name of Mother,*	Annie Matt.
6. *Mother's Maiden Name,*	" Dumka
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Johann Matt
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	P Siepemann
Address,	Elliott St 2922
Remarks,	none

8 9 7 0 0 0 6 4 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st of October 97
4. *Place of Birth, (Street and Number)*	2110 Calvert St
5. *Full Name of Mother,*	Auguste Müller
6. *Mother's Maiden Name,*	Auguste Ott
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Edward Müller
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Benker Midwife
Address,	2116 W Pratt St
Remarks,	

8 4 7 0 0 0 6 4 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 te

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th of October 92
4. Place of Birth, (Street and Number) 765 Frederick Av
5. Full Name of Mother, Male Pietsch
6. Mother's Maiden Name, Merle Kratz
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas A. Pietsch
9. Father's Occupation Machinist
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keiler Midwife

Address, 2116 W. Pratt St

Remarks,

8970006478

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered to its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236]

RETURN OF A BIRTH. 86796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct. 7, 1897
4. Place of Birth, (Street and Number) 730 Luzerne St.
5. Full Name of Mother, Elizabeth Guerman
6. Mother's Maiden Name, Elizabeth Horsemann
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Guerman
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Caroline St.

Remarks,

8970006479

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 86797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 7. (1. 20. P. M.). 1897
4. *Place of Birth, (Street and Number)* 2419 Etting Street.
5. *Full Name of Mother,* Fannie, Virginia Hunt,
6. *Mother's Maiden Name,* Roby
7. *Mother's Birthplace,* Clark Co. Va.
8. *Full Name of Father,* John William Hunt,
9. *Father's Occupation* Sash & Door Maker,
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kanne,

Address, 1412 Eutaw Place

Remarks,

8970006480

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 86798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 7/97
4. *Place of Birth, (Street and Number)* 1604 Lancaster St
5. *Full Name of Mother,* Mary Francikowska
6. *Mother's Maiden Name,* M Wolter
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Francikowski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, Ann St No 721

Remarks, Baltimore

8970006481

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Bl
3. *Date of Birth,* October 7 - 1897
4. *Place of Birth, (Street and Number)* 206 Chestnut St
5. *Full Name of Mother,* Clara Barney
6. *Mother's Maiden Name,* Clara Barney
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Joe Winston
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, D. J. Long

Address, 113 W Lombard

Remarks,

8 9 7 0 0 0 6 4 8 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* October 7 - 1897
4. *Place of Birth, (Street and Number)* 912 W. Barrish St.
5. *Full Name of Mother,* Annie Mathews
6. *Mother's Maiden Name,* Annie Mathews
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Charles Rice
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Dr. J. Sowers

Address, 113-115 W. Lombard

Remarks,

8970006483

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) F

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colet

3. *Date of Birth,* Oct 7 1897

4. *Place of Birth, (Street and Number)* J. H. H.

5. *Full Name of Mother,* Nancy Downs

6. *Mother's Maiden Name,* " " "

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* Negroin Parson

9. *Father's Occupation* Farmer

10. *Father's Birthplace,* W Va

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin

Address, Johns Hopkins Hospital

Remarks,

8 9 7 0 0 0 6 4 8 4

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-14-52

96.]

RETURN OF A BIRTH. 8802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Name: Samuel Howard Oler Jr. 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 7. 1897.
4. Place of Birth, (Street and Number) 1235 - Guilford ave.
5. Full Name of Mother, Florence E. Oler.
6. Mother's Maiden Name, Wheat.
7. Mother's Birthplace, Md.
8. Full Name of Father, Samuel H. Oler.
9. Father's Occupation Molasses.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8970006485

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 7 97.
4. *Place of Birth, (Street and Number)* 413 N. Bethel St
5. *Full Name of Mother,* Bertha Smith
6. *Mother's Maiden Name,* " Strimke
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Samuel Smith
9. *Father's Occupation* Broom Maker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks,

8970006486

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, and the date of birth, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 88 804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd "

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7th "

4. Place of Birth, (Street and Number) Columbia Ave + Green

5. Full Name of Mother, Clara Virginia Gross

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Md

8. Full Name of Father, Henry Gross

9. Father's Occupation Machinist

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, B. B. Lehman

Address, 11 N Carey St

Remarks,

8970006487

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 86805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October the 8 1897
4. *Place of Birth, (Street and Number)* Calhoun st No 3001
5. *Full Name of Mother,* Margaret Sholine
6. *Mother's Maiden Name,* Margaret Wise
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Sholine
9. *Father's Occupation* Labrer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1923 Wilkins Ave

Remarks,

8970006488

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Wite
3. *Date of Birth,* oct 8th 1897
4. *Place of Birth, (Street and Number)* 1803 Canton ave
5. *Full Name of Mother,* Mary M Smith
6. *Mother's Maiden Name,* Mary M Apple
7. *Mother's Birthplace,* Balti
8. *Full Name of Father,* Louice Smith
9. *Father's Occupation* Molder
10. *Father's Birthplace,* Balti

Name of Medical Attendant, or other person who makes this Return, Mr Mary E Peregoy

Address, 2225 Bank St

Remarks, City

8 9 7 0 0 0 6 4 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, Oct 8 1897
4. Place of Birth, (Street and Number) J H H
5. Full Name of Mother, Hattie Plater
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md
8. Full Name of Father, Robt Graham
9. Father's Occupation Bellman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Geo W. Dobbin

Address, J H H

Remarks,

8970006490

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 86808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 8/97
4. *Place of Birth, (Street and Number)* 1. N. Madeira St.
5. *Full Name of Mother,* Katie Neuberger
6. *Mother's Maiden Name,* " Sprink
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Joseph Neuberger
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 6 4 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 86809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 8/91
4. *Place of Birth, (Street and Number)* 5. N. Port Ste.
5. *Full Name of Mother,* Wilhelmina Mueller
6. *Mother's Maiden Name,* " Sachs
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Mueller
9. *Father's Occupation* Cotter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Eisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970006492

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 86810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 8/97
4. Place of Birth, (Street and Number) 811 S. Montford Ave.
5. Full Name of Mother, Lina Jung Thiele
6. Mother's Maiden Name, "
7. Mother's Birthplace, Germany
8. Full Name of Father, Caspar Jung
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bisenhaler.

Address, MIDWIFE,

Remarks, 8 9 7 0 0 0 6 4 9 3 2225 Gough St. Baltimore, Md.

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 8th 1897
4. *Place of Birth, (Street and Number)* 2700 Barnard St.
5. *Full Name of Mother,* Mary C. Burgess
6. *Mother's Maiden Name,* Mary C. Shamer
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* John A. Burgess
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 421 Roland Ave

Remarks,

8970006494

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 8th 1897
4. Place of Birth, (Street and Number) # 4.20 Fifth avenue
5. Full Name of Mother, Mrs. Emma. Jane. Snellings
6. Mother's Maiden Name, Emma. Jane. Baublitz
7. Mother's Birthplace, Baltimore. County. Md.
8. Full Name of Father, Charles Clifton Snellings
9. Father's Occupation Laborer
10. Father's Birthplace, Stafford. County. Virginia

Name of Medical Attendant, or other person who makes this Return,

Address, # 4.20. Fifth avenue. Baltimore. city. Md

Remarks, Martha E King 575 Kickers ave City

Wm. J. C. Dulany Co., City Printers and Stationers.

8970006495

1236]

RETURN OF A BIRTH. 86813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	Oct. 8 1897
4. *Place of Birth, (Street and Number)*	527 S. Patterson Pk. Ave.
5. *Full Name of Mother,*	Annie Hodges
6. *Mother's Maiden Name,*	Annie Fiddler
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Albert Hodges
9. *Father's Occupation*	Can-capper
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary L Swayne
Address,	824 S. Caroline St.
Remarks,	

8970006496

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter, in the manner and

M 1236]

RETURN OF A BIRTH. 86814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 8. (5. 45. P. M.)
4. *Place of Birth, (Street and Number)* 1016 W. Saratoga Street.
5. *Full Name of Mother,* Louise, Marie, Friedrike Roy's.
6. *Mother's Maiden Name,* Feiertag
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Adolf, Victor Roy's.
9. *Father's Occupation* Photographer.
10. *Father's Birthplace,* Constanz - Bodensee, - Europe.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kanne

Address, 1412 Gutaw Place

Remarks,

8 9 7 0 0 0 6 4 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, ~~3*d*~~, &c.) 5th.

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) Colored

3. *Date of Birth,* October 8th 1897

4. *Place of Birth,* (*Street and Number*) 15 West Lombard

5. *Full Name of Mother,* Margaret Dorsey

6. *Mother's Maiden Name,* Margaret Dorsey

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* Unknown

9. *Father's Occupation* "

10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, E. Boyston M.D. 115 W. Lombard St.

Address,

Remarks,

8970006498

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Thomas ~~Joseph~~ Sadowski

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 8/97
4. Place of Birth, (Street and Number) 715 Ann St
5. Full Name of Mother, Sele Sadowska
6. Mother's Maiden Name, S. Jekowska
7. Mother's Birthplace, Germany
8. Full Name of Father, Joe Sadowski
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Bryan

Address, Ann St N 721

Remarks, Baltimore

8970006499

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 8
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Lizzie Stewart
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D Lovd

Address, 622 W Lombard

Remarks,

8 4 7 0 0 0 6 5 0 0

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 8" 1897
4. *Place of Birth, (Street and Number)* 806 Front St.
5. *Full Name of Mother,* Mattie Childs
6. *Mother's Maiden Name,* Mattie Childs
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Wm Jas. Childs
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, D. J. Long

Address, 113 W. Lombard

Remarks,

8970006501

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	eight, tlent
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	aight Oct. 1897.
4. *Place of Birth, (Street and Number)*	1 Hare 1230.
5. *Full Name of Mother,*	Annie Oriash
6. *Mother's Maiden Name,*	" Tomash
7. *Mother's Birthplace,*	Austriap
8. *Full Name of Father,*	Michel Oriash
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Austrian
Name of Medical Attendant, or other person who makes this Return,	P Liesemann
Address,	Elliott 2922.
Remarks,	none

8 9 7 0 0 0 6 5 0 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth astar as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex; color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Wht.
3. *Date of Birth,*	Oct 5/97
4. *Place of Birth, (Street and Number)*	1212 Jackson St.
5. *Full Name of Mother,*	Mrs Wm C. Hess
6. *Mother's Maiden Name,*	Katharine Markel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Wm C. Hess
9. *Father's Occupation*	Lineman
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	C. A. Smith M.D.
Address,	2531 Penna. Ave.
Remarks,	

8470006503

Wm. J. C. Dulany Co., City Printers and Stationers.

1246.]

RETURN OF A BIRTH. 86821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 9th 97
4. *Place of Birth, (Street and Number)* 123 W. 21st St.
5. *Full Name of Mother,* Annie Lewis
6. *Mother's Maiden Name,* Annie Kennet
7. *Mother's Birthplace,* Kent Co. Md.
8. *Full Name of Father,* Chas. H. Lewis
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Charlottesville, Va

Name of Medical Attendant, or other person who makes this Return, L. Killion M.D.

Address, 119 W. 21st St.

Remarks,

8 4 7 0 0 0 6 5 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 46822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	October 9, 1897.
4. *Place of Birth, (Street and Number)*	261 Falls Road.
5. *Full Name of Mother,*	Anna J. Hiser.
6. *Mother's Maiden Name,*	Peacock.
7. *Mother's Birthplace,*	Pa.
8. *Full Name of Father,*	Nicholas W. Hiser.
9. *Father's Occupation*	Stenotyper.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Nicholl M. D.
Address,	291 Chestnut ave.
Remarks,	

8477 0006505

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the reception of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 9
4. *Place of Birth, (Street and Number)* 622 W. Lombard
5. *Full Name of Mother,* Jennie Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jas. D. Love

Address, 622 W Lombard

Remarks,

8970006506

Wm J C. Dulany Co., City Printers and Stationers.

M 1246.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Ch

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 9/97
4. *Place of Birth, (Street and Number)* 132 Linn St
5. *Full Name of Mother,* Anna Gajewska
6. *Mother's Maiden Name,* A Gorniak
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mik Gajewski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begues

Address, Linn St No 721

Remarks, Baltimore

8970006507

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth,*	Oct. 9th 1917
4. *Place of Birth, (Street and Number)*	617 N. Bradford St
5. *Full Name of Mother,*	Celia Cole
6. *Mother's Maiden Name,*	Branch
7. *Mother's Birthplace,*	Richmond, Va
8. *Full Name of Father,*	John A. T. Cole
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Wm. McDaniel, M.D.
Address,	Johns Hopkins Hospital
Remarks,	

8 9 7 0 0 0 6 5 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 88826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) IIII

1. *Sex,* (*state whether male or female*) Boy
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Oct. 9/97
4. *Place of Birth,* (*Street and Number*) 2318 Jefferson St.
5. *Full Name of Mother,* Nina R Rebhahn
6. *Mother's Maiden Name,* " King
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Fred. Rebhahn
9. *Father's Occupation* Collector
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 8970006509 2226 Gough St. Baltimore, Md.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its p
said schedule shall be delivered, duly signed by the practitioner in th
third day of each and every month to the office of the Commissione
shall occur without the attendance of a physician or practioner of
attendance upon the mother, immediately thereafter, in the manne
child to report its birth to the Commissioner of Health, in the maun
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered

RETURN OF A BIRTH. 86827 (76)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Viola – Frank P. Isensee
2. *Race or Color, (if not of the white race)* Wht
3. *Date of Birth,* Oct 9 1897
4. *Place of Birth, (Street and Number)* J H H
5. *Full Name of Mother,* Margaret Isensee
6. *Mother's Maiden Name,* " Pretz
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Isensee
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin

Address,

Remarks, Full name added by mother upon applying for a transcript. Mary K. Isensee Lt Wm - Reg. Mother Oct 25 1933

8 9 7 0 0 0 6 5 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	Oct. 9 '77
4. *Place of Birth, (Street and Number)*	Md. Gen. Hosp.
5. *Full Name of Mother,*	Martha Cook
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	M L Todd
Address,	Md Gen Hosp.
Remarks,	

8 9 7 0 0 0 6 5 1 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 86829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 9th 1897
4. *Place of Birth, (Street and Number)* 911 West Barre St
5. *Full Name of Mother,* Bessie Cooper Lambdin
6. *Mother's Maiden Name,* Bessie B. Stewart
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Thomas Ottie Lambdin
9. *Father's Occupation,* Sea Captain
10. *Father's Birthplace,* Dorchester County Md

Name of Medical Attendant, or other person who makes this Return. Florence B. Thater

Address, 907 Fremont av

Remarks,

8970006512

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
ner of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
overed as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* October 9th 97

4. *Place of Birth, (Street and Number)* 19 Albemarle St

5. *Full Name of Mother,* Rosey Kushner

6. *Mother's Maiden Name,* Rosey Katz

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Louis Kushner

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Thomas Sudler

Address, 700 E Baltimore St

Remarks,

8 9 7 0 0 0 6 5 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 10 1897.
4. Place of Birth, (Street and Number) 2918 Hudson St
5. Full Name of Mother, Fredrickie M. Kahler
6. Mother's Maiden Name, Fredrickie M. Winkler
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Kahler
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, P. Liermann.

Address, 2922 Elliott Street

Remarks, none.

8 9 7 0 0 0 6 5 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ____

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Oct 10 1897
4. *Place of Birth, (Street and Number)* 5 E Lee St
5. *Full Name of Mother,* Elizabeth Walker
6. *Mother's Maiden Name,* Elizabeth Meare
7. *Mother's Birthplace,* North Thumberland Va
8. *Full Name of Father,* Edward Walker
9. *Father's Occupation* Steavadore
10. *Father's Birthplace,* Accomac Co Va

Name of Medical Attendant, or other person who makes this Return, C. Williams

Address, 910 Leader 2 Call St

Remarks, ____

8970006515

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-1-59 86833

RETURN OF ~~A~~ BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie Elizabeth Wilson

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 10th 1897
4. Place of Birth, (Street and Number) 402 - Turner Place
5. Full Name of Mother, Genevar Sapp Wilson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James S. Wilson
9. Father's Occupation, R. R. Brakeman
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, John H. Gilmore M.D.

Address, 2100 - Madison

Remarks,

8 9 7 0 0 0 6 5 1 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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236.]

RETURN OF A BIRTH. 86834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 19th
4. *Place of Birth, (Street and Number)* 127 Linn St
5. *Full Name of Mother,* Wiktoria Makowska
6. *Mother's Maiden Name,* W Mynarek
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Petr Matkowski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Regier

Address, Linn St N B 721

Remarks, Baltimore

8970006517

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 10th 1897
4. *Place of Birth, (Street and Number)* 1925 Ridgewood St
5. *Full Name of Mother,* Mary Rose Eder
6. *Mother's Maiden Name,* = = Kreitzer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo Eder
9. *Father's Occupation* Grinman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. M. J. Shockney

Address, 731 Cumberland St

Remarks,

8970006518

Wm. J. C. Dulany Co., City Printers and Stationers.

been connected, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

tion of its parents, the date and place of birth; and the been entered its sex, color, the full name and occupation of said schedule shall be delivered, duly signed by the practitioner third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner attendance upon the mother, immediately thereafter it shall child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Oct 10
4. Place of Birth, (Street and Number) 622 N Lombard
5. Full Name of Mother, Mary Harried
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D Lowe

Address, 622 N Lombard

Remarks,

8970006519

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, Aug 16 '97

4. Place of Birth, (Street and Number) Md. Gen. Hosp.

5. Full Name of Mother, Hazel Fillman.

6. Mother's Maiden Name, Scott.

7. Mother's Birthplace, Md.

8. Full Name of Father, Henry Fillman.

9. Father's Occupation Laborer

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, Md Gen Hosp.

Remarks,

8970006520

Wm. J. C. Dulany Co,. City Printers and Stationers.

(286)

RETURN OF A BIRTH. 88838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) white, female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 10. 1897
4. Place of Birth, (Street and Number) 1225 Hollins st. Be
5. Full Name of Mother, Charlotte G. Eagle
6. Mother's Maiden Name, Charlotte G. Musgrave
7. Mother's Birthplace, Galveston Md.
8. Full Name of Father, James F. E. Eagle
9. Father's Occupation Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Wunsch

Address, 900 Leadenhall Street.

Remarks,

8970006521

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Carmon L. Brown

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 10 1897
4. Place of Birth, (Street and Number) 313 Hickory ave
5. Full Name of Mother, Lizzie Lizzie Brown
6. Mother's Maiden Name, Blouse
7. Mother's Birthplace, Jensilvia Fulton Co Pa Mount Co Pa
8. Full Name of Father, Mathew Mathew Brown
9. Father's Occupation plaster
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E King 575 Hickory ave City

Remarks,

8970006522

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 88840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* October 16 1899

4. *Place of Birth, (Street and Number)* 344 Lafayette ave

5. *Full Name of Mother,* Sarah C. Slick

6. *Mother's Maiden Name,* Sarah C. Slick

7. *Mother's Birthplace,* Carroll County

8. *Full Name of Father,* Elias E. Slick

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Carroll County

Name of Medical Attendant, or other person who makes this Return, Martha E King

Address, 545 Pleasant ave city

Remarks,

8970006523

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the occurrence of such birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and it shall be the duty of the Commissioner of midwifery

1236.]

RETURN OF A BIRTH. 86841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 10/97

4. Place of Birth, (Street and Number) 757 N Schroeder

5. Full Name of Mother, Minnie Klein

6. Mother's Maiden Name, Minnie Konig

7. Mother's Birthplace, Wurttemberg, Germany

8. Full Name of Father, Christian Fred Klein

9. Father's Occupation Cabinetmaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M A Ledley

Address, 1004 West Lexington St

Remarks,

8970006524

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Hebrew
3. *Date of Birth,* October 10/97
4. *Place of Birth, (Street and Number)* 1226 N. North Av
5. *Full Name of Mother,* Carrie Wolf
6. *Mother's Maiden Name,* Carrie Brown
7. *Mother's Birthplace,* Pa
8. *Full Name of Father,* Harry Wolf
9. *Father's Occupation* Insurance
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison Av

Remarks,

8 9 7 0 0 0 6 5 2 5

month, and shall set forth as far as the same can be ascertained the full name of each child, or any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Oct. 10th 1897
4. Place of Birth, (Street and Number) 1429 Bounty Lane
5. Full Name of Mother, Martha Heath
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unmarried
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Wm. J. C. Dulany M.D.

Address, Johns Hopkins Hospital

Remarks,

8 9 7 0 0 0 6 5 2 6

been conferred) its sex, color, the full name and occupation of its parents, the name and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) iii

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Oct. 10th 1897
4. *Place of Birth, (Street and Number)* 112 Rogers Ave
5. *Full Name of Mother,* Laura Carter
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Warren Carter
9. *Father's Occupation* Stevedore
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Wm McDaburg M.D.

Address, Johns Hopkins Hospital.

Remarks,

8 9 7 0 0 0 6 5 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 10/97
4. *Place of Birth, (Street and Number)* 2302 Fairmount Ave.
5. *Full Name of Mother,* Lizzie Killman
6. *Mother's Maiden Name,* " White
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles Killman
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 8 9 7 0 0 0 6 5 2228 Gough St. Baltimore Md.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 10th 97
4. Place of Birth, (Street and Number) 1212 Marshall Ave
5. Full Name of Mother, Dora Ellen
6. Mother's Maiden Name, Dora White
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Ellen
9. Father's Occupation Engineer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1034 Lindenhall St

Remarks,

8970006529

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 2/7/69

RETURN OF A BIRTH.

86847

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NAME: DELMA JUSTINA McLAUGHLIN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 10th 1897
4. *Place of Birth (Street and Number)* 1739 Pennsylvania Ave
5. *Full Name of Mother* Cora J McLaughlin
6. *Mother's Maiden Name* " " Fessenden
7. *Mother's Birthplace* Vermont
8. *Full Name of Father* George E McLaughlin
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this return

Address Saml J Bell Md

Remarks 3 Mph Exeter St

8970006530

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 86848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Oct 10 '87
4. *Place of Birth, (Street and Number)* Md. Genl Hosp.
5. *Full Name of Mother,* Frieda Stiegler.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Wm. Stiegler.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md Genl Hosp

Remarks,

8 9 7 0 0 0 6 5 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86849

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	October 11. 1897
4. *Place of Birth* (Street and Number)	531 S. Broadway
5. *Full Name of Mother*	Bertha Levin
6. *Mother's Maiden Name*	Bertha Levin
7. *Mother's Birthplace*	unknown
8. *Full Name of Father*	unknown
9 *Father's Occupation*	"
10. *Father's Birthplace*	"
Name of Medical Attendant, or other Person who makes this Return.	John H. Rehberger
Address	1709 Aliceanna St
Remarks	

8970006532

RETURN OF A BIRTH. 86850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 11
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Ella Gross
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D. Lord

Address, 622 W Lombard

Remarks,

8970006533

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 86851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 11, 1897.
4. Place of Birth, (Street and Number) 68 Cedar ave.
5. Full Name of Mother, Margaret Ella Heyn.
6. Mother's Maiden Name, Stover.
7. Mother's Birthplace, Md.
8. Full Name of Father, William Heyn.
9. Father's Occupation Railroader.
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 9 7 0 0 0 6 5 3 4

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Oct. 11th 1897
4. *Place of Birth, (Street and Number)* 116 N. Dallas St
5. *Full Name of Mother,* Carrie Smith
6. *Mother's Maiden Name,* " Chase
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph M. Smith
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Wm. McDalany M.D.

Address, Johns Hopkins Hospital

Remarks,

8 9 7 0 0 0 6 5 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th of October 1897
4. Place of Birth, (Street and Number) Baltimore City 1005 N. Fayette
5. Full Name of Mother, Bessie L. Exley
6. Mother's Maiden Name, Bessie Tyrrell
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Hugh E. Exley
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, M A Ledley

Address, 1004 W Lexington St

Remarks,

8970006536

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* October 11. 1897.
4. *Place of Birth, (Street and Number)* 248 Carroll st.
5. *Full Name of Mother,* Lucie Estelle Kailer.
6. *Mother's Maiden Name,* Rodgers.
7. *Mother's Birthplace,* Ind.
8. *Full Name of Father,* Francis Eugene Kailer.
9. *Father's Occupation* Machinist.
10. *Father's Birthplace,* Ind.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Tribbett M.D.

Address, 291 Chestnut ave.

Remarks,

8 9 7 0 0 0 5 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...practitioner in the form of a certificate between the first and ... shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ave

RETURN OF A BIRTH. 8855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Sherman Aug Machin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 12th 1897
4. Place of Birth, (Street and Number) 418 Roland Ave.
5. Full Name of Mother, Elizabeth C. Machin
6. Mother's Maiden Name, Elizabeth C. Smith
7. Mother's Birthplace, Frederick Co. Md
8. Full Name of Father, Francis J. Machin
9. Father's Occupation Employee in Cotton factory
10. Father's Birthplace, Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 421 Roland Ave.

Remarks,

8970006538

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

1236

RETURN OF A BIRTH. 86856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 12/97
4. *Place of Birth, (Street and Number)* 1600 Hopkins Ave.
5. *Full Name of Mother,* Fannie E. Rullman
6. *Mother's Maiden Name,* " " Colley
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* August H. Rullman
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE.

Remarks, 8 9 7 0 0 0 6 5 3 2239 Gough St. Baltimore, Md.

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 86857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 12th/97
4. Place of Birth, (Street and Number) 1001 Light St Balto
5. Full Name of Mother, Minnie Elliott
6. Mother's Maiden Name, Minnie Prinz
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Geo H Elliott
9. Father's Occupation Supt Fl. C. Post Office
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Wrs Wünch

Address, 800 Leadenhall Street.

Remarks,

8970006540

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 12th 1897
4. Place of Birth, (Street and Number) 115 N. Lombard St.
5. Full Name of Mother, Elizabeth Chambers
6. Mother's Maiden Name, Elizabeth Chambers
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation Unknown
10. Father's Birthplace, Unknown

Name of Medical Attendant, or other person who makes this Return, E. L. Boynton M.D.

Address, 115 N. Lombard St

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970006541

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 86859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 12th 1897
4. Place of Birth, (Street and Number) 1723 Covington st
5. Full Name of Mother, Clara Carroll
6. Mother's Maiden Name, Clara Houghton
7. Mother's Birthplace, Balto
8. Full Name of Father, Matthew Carroll
9. Father's Occupation Balto City Fireman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs E. A. Brooks

Address, 1828 Ingham st

Remarks, Long Well

8970006542

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 13th 1897
4. *Place of Birth, (Street and Number)*	1630 Jefferson Av
5. *Full Name of Mother,*	Henrietta Robinson
6. *Mother's Maiden Name,*	" Werner
7. *Mother's Birthplace,*	Hoboken N.J.
8. *Full Name of Father,*	Theodore Joseph Robinson
9. *Father's Occupation*	Book-keeper & Cashier
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	M.F.J. Cameron
Address,	425 N Broadway
Remarks,	

8970006543

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 12/9/70

RETURN OF A BIRTH. 86861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ESTELLA ELIZABETH WANTZ 4

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Girl

1. Sex, (state whether male or female) W

2. Race or Color, (if not of the white race) Oct 2 1897

3. Date of Birth, 1307 N Stricker

4. Place of Birth, (Street and Number) Bertie Wantz

5. Full Name of Mother, Harmer

6. Mother's Maiden Name, Md

7. Mother's Birthplace, Noel Theodore Wantz

8. Full Name of Father, Huckster

9. Father's Occupation Md

10. Father's Birthplace, C H Bubert

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1897000 6544

Wm. J. C. Dulany Co., City Printers and Stationers.

the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, Oct. 1st
4. Place of Birth, (Street and Number) 1115, William St.
5. Full Name of Mother, Grace Lecompte,
6. Mother's Maiden Name, Grace Adler,
7. Mother's Birthplace, Waynesboro, Pa.
8. Full Name of Father, Philip J. Lecompte,
9. Father's Occupation Machinist
10. Father's Birthplace, Rochester

Name of Medical Attendant, or other person who makes this Return, Chas. R. Caskey

Address, 213 E. Heath St

Remarks, Living well.

8470006545

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86863.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 8 -97
4. Place of Birth, (Street and Number) 1370 Hanover
5. Full Name of Mother, Emma Herr
6. Mother's Maiden Name, Hickey
7. Mother's Birthplace, Md
8. Full Name of Father, Anton Herr
9. Father's Occupation Junk Dealer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, C H Burkert

Address,

Remarks,

8970006546

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Compissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Oct 8 - 97
4. *Place of Birth, (Street and Number)*	1316 N Carey
5. *Full Name of Mother,*	Maggie Sorg
6. *Mother's Maiden Name,*	Stonesifer
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	August Sorg
9. *Father's Occupation*	Driver on Dee Car
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	C H Burhart
Address,	
Remarks,	

8970006547

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	Oct 8-97
4. *Place of Birth, (Street and Number)*	772 W Hamburg
5. *Full Name of Mother,*	Lizzie Lanahan
6. *Mother's Maiden Name,*	Bruhl
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Dennis Lanahan
9. *Father's Occupation*	Junk Dealer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	C H Burbert
Address,	
Remarks,	

8970006548

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 86866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 13th 1877
4. *Place of Birth, (Street and Number)* 600 Collett st
5. *Full Name of Mother,* Maggie Burke
6. *Mother's Maiden Name,* Maggie Ennis
7. *Mother's Birthplace,* Calvert Co Md
8. *Full Name of Father,* Janes Albert Burke
9. *Father's Occupation* Fabing work
10. *Father's Birthplace,* Calvert Co Md

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1610 Lincen st

Remarks,

8 4 7 0 0 0 6 5 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Oct 13th 1897
4. *Place of Birth, (Street and Number)* # 1021 Peach Al
5. *Full Name of Mother,* Margie Thomas
6. *Mother's Maiden Name,* Margie Harris
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henson Thomas
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Margaret Trigg

Address, 110 Goodman Al

Remarks,

8970006550

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 3-8-49

RETURN OF A BIRTH. 86868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lyn ~~Ingram~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) ~~(Male)~~ Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 13 97
4. Place of Birth, (Street and Number) 2527 Penna av
5. Full Name of Mother, Pauline Brantley ~~(Clarke)~~ ~~(Ingram)~~ Ingram
6. Mother's Maiden Name, ~~(Clarke)~~ Foster
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas C ~~(Ingram)~~ Ingram
9. Father's Occupation, Clerk.
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison av

Remarks,

8 4 7 0 0 0 6 5 5 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) F

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, Oct 13
4. Place of Birth, (Street and Number) J H H
5. Full Name of Mother, Lizzie Light
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, John Johnson
9. Father's Occupation Waiter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Geo W Dothin

Address,

Remarks,

8 9 7 0 0 0 6 5 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* 13th October. 1897
4. *Place of Birth, (Street and Number)* 578 Biddle Alley
5. *Full Name of Mother,* Agnes Williams
6. *Mother's Maiden Name,* Agnes ~~[illegible]~~ Jackson
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Williams
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, J. W. Keown M.D.

Address, ~~578~~ 848 W. North Ave.

Remarks,

8970006553

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13th Oct
4. Place of Birth, (Street and Number) 707 S. Charles St
5. Full Name of Mother, Mary Middendorf
6. Mother's Maiden Name, " Bohlman
7. Mother's Birthplace, City
8. Full Name of Father, Frank Middendorf
9. Father's Occupation Cigar-maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. C. Bender M.D.

Address, 511 Hanover

Remarks,

8 9 7 0 0 0 6 5 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

sald schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Para I

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 13-97 –
4. *Place of Birth, (Street and Number)* 26. Jackson St –
5. *Full Name of Mother,* Ella Richmond
6. *Mother's Maiden Name,* Ella Shankey –
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Saml W. Richmond
9. *Father's Occupation* Motorman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Chas W Larmed MD

Address, 1327 Park Avenue

Remarks,

8 9 7 0 0 0 6 5 5 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 13 18 94
4. *Place of Birth, (Street and Number)* 32 railroad ave city
5. *Full Name of Mother,* Mary E Spurrier
6. *Mother's Maiden Name,* Roberts
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank R Spurrier
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Martha E King 575 Hickory ave city

8970006556

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 13
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Mrs Frank Wall
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father, Frank Wall
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D Lord
622 W Lombard

Address,

Remarks,

8 9 7 0 0 0 6 5 5 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 86875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* October 13, 1897.
4. *Place of Birth, (Street and Number)* 403 Precipice St.
5. *Full Name of Mother,* Kalie Hill.
6. *Mother's Maiden Name,* Kid.
7. *Mother's Birthplace,* England.
8. *Full Name of Father,* Ralph J. Hill.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1897 0006558

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 8876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	W Lit
3. *Date of Birth,*	October 11th 12.18.97
4. *Place of Birth, (Street and Number)*	Mosher st E 3.24
5. *Full Name of Mother,*	Rachel St Crayson
6. *Mother's Maiden Name,*	Rachel St gaylor
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Eladio R Crawson
9. *Father's Occupation*	Paper Ruler
10. *Father's Birthplace,*	havanna Cuba
Name of Medical Attendant, or other person who makes this Return,	Mrs A Kelly
Address,	1922 Wilkins Ave
Remarks,	

8970006559

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236]

RETURN OF A BIRTH. 8087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13th "
4. *Place of Birth, (Street and Number)*	40 S Schroeder St
5. *Full Name of Mother,*	Mrs Jennie Fahey Donahue
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Martin Donahue
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	E. E. Clemens
Address,	11 N Carey St
Remarks,	Instrumental

8970006560

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Oct 14 1897
4. *Place of Birth, (Street and Number)*	111 N. Calvert st
5. *Full Name of Mother,*	Nora A Hafner
6. *Mother's Maiden Name,*	Nora Stinely
7. *Mother's Birthplace,*	Calvert Co Md
8. *Full Name of Father,*	Thomas H. Hafner
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Calvert Co Md.
Name of Medical Attendant, or other person who makes this Return,	J Harvey Hall MD
Address,	807 N. Houston av
Remarks,	

1897 0006561

Wm. J. C. Dulany Co., City Printers and Stationers.

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GIVEN NAME ADDED. 5-2-57

RETURN OF A BIRTH. 86879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret ~~Pauline~~ Grotkey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, October 14 - 1897
4. Place of Birth, (Street and Number) 17 W Cross St
5. Full Name of Mother, Sophie Grotkey
6. Mother's Maiden Name, Sophie Freyde
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Grotkey
9. Father's Occupation Printer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Wunsch

Address, 800 Leadenhall Street.

Remarks,

8970006562

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 86880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct. 14, 1897
4. Place of Birth, (Street and Number) 632 Montford Ave.
5. Full Name of Mother, Margaret Miller
6. Mother's Maiden Name, Margaret Baumbachler
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Miller
9. Father's Occupation Paper-hanger
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8970006563

Wm. J. C. Dulany Co., City Printers and Stationers.

Such certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 86881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 14 97
4. *Place of Birth, (Street and Number)* 925 Ann St
5. *Full Name of Mother,* Mary Jankowiak
6. *Mother's Maiden Name,* M. Klainzanik
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Jankowiak
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begeer

Address, Ann St 86 791

Remarks, Baltimore

1897 0006564

Wm. J. C. Dulany Co., City Printers and Stationers.

6.]

RETURN OF A BIRTH. 86882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Blk
3. *Date of Birth,*	Oct 14
4. *Place of Birth, (Street and Number)*	8 H H
5. *Full Name of Mother,*	Virginia Seymour
6. *Mother's Maiden Name,*	" Scott
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Charles Seymour
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return,	Geo W Dobbin
Address,	
Remarks,	

8 9 7 0 0 0 6 5 6 5

shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

tion of its parents, the date and place of birth; and the
ditioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
ractioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
in the manner and within the period above required, and
comply with the provisions of this section shall be sub-
e recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commi
shall occur without the attendance of a physician or practitione
attendance upon the mother, immediately thereafter it shall b
child to report its birth to the Commissioner of Health, in the m
any such person or persons who shall hereafter fail to comply w
jected to the fine of ten (10) dollars for each offence, to be recov

RETURN OF A BIRTH. 86883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 14 97
4. *Place of Birth, (Street and Number)* 810 S Port St
5. *Full Name of Mother,* Lottie E. King
6. *Mother's Maiden Name,* " " Richner
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John J. King
9. *Father's Occupation* Captain Sailing Vessel
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, W. H. Schwatka M D

Address, 2425 Fait Ave

Remarks,

8970006566

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86884

GIVEN NAME ADDED 5-26-66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruth L. Manger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th of October 97.
4. *Place of Birth, (Street and Number)*	2020 Hollins St
5. *Full Name of Mother,*	Lise Manger
6. *Mother's Maiden Name,*	Lise Kieny
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Georg Manger
9. *Father's Occupation*	Bütscher
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keidel Midwife
Address,	216 W Pratt St
Remarks,	

8970006567

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th October 97.
4. Place of Birth, (Street and Number) 123 Lemon St
5. Full Name of Mother, Mary Lorenz
6. Mother's Maiden Name, Mary Bauer
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul Lorenz
9. Father's Occupation Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler midwife

Address, 216 W Pratt St

Remarks,

8970006568

Wm. J. C. Dulany Co., City Printers and Stationers.

When a child is born alive, the full name of such child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 15th 1897
4. Place of Birth, (Street and Number) 1220 Hollins St
5. Full Name of Mother, Ida Louise Rumsey
6. Mother's Maiden Name, Ida Louise Hastings
7. Mother's Birthplace, Washington DC
8. Full Name of Father, Hellen Charles Rumsey
9. Father's Occupation Expressman
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 W Barre St

Remarks,

8970005569

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FORM 1236.]

RETURN OF A BIRTH. 86887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Oct 15-97

4. *Place of Birth, (Street and Number)* 1121 Lilly Alley

5. *Full Name of Mother,* Theresa Sachs

6. *Mother's Maiden Name,* Theresa Kohlenus

7. *Mother's Birthplace,* Balto. Md

8. *Full Name of Father,* Edw Sachs

9. *Father's Occupation* Ice-Driver

10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, Harry Boyd

Address, 677 Columbia ave

Remarks,

8970006570

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner in the third day of each and every month to the physician or practicuer of midwifery, or should no other person shall occur without the attendance of a physician or parents of such attendance upon the mother, immediately thereafter it shall become child to report its birth to the Commissioner of Health, in the manner in the form of a certificate between the first and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 15th 1897
4. Place of Birth, (Street and Number) 637 Ensor St
5. Full Name of Mother, Kate Williams.
6. Mother's Maiden Name, Kate Stahl
7. Mother's Birthplace, Balto
8. Full Name of Father, Ben Williams
9. Father's Occupation Engineer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S C Wegefarth M.D.

Address, 1223 E North Ave

Remarks, The child was born in the basement of the above dwelling.

8970006571

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state ~~whether male or~~ female)* Helen Mary Pfaff
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth,* Oct 15/97
4. *Place of Birth, (Street and Number)* 1711 Lemmon St
5. *Full Name of Mother,* Ella H. Pfaff.
6. *Mother's Maiden Name,* " " Tetzkamp.
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Harm Pfaff.
9. *Father's Occupation* Merchant Tailor
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, [signature]

Address,

Remarks,

8970006572

Wm. J. C. Dulany Co., City Printers and Stationers.

...upation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...or practioner of midwifery, or should no other person be in ...er it shall become the duty of the person or parents of such ...th, in the manner and within the period above required, and ...to comply with the provisions of this section shall be sub... ...to be recovered as other fines and forfeitures are recoverable.

...been conferred) its sex; color, the full name and occupation ...said schedule shall be delivered, duly signed by the practi... ...third day of each and every month to the office of the Co... ...shall occur without the attendance of a physician or prac... ...attendance upon the mother, immediately thereafter it sh... ...child to report its birth to the Commissioner of Health, in t... ...any such person or persons who shall hereafter fail to com... ...jected to the fine of ten (10) dollars for each offence, to be re...

GIVEN NAME ADDED 3-25-66

RETURN OF A BIRTH. 86890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Regina Reus Strott

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 15th 1897
4. Place of Birth, (Street and Number) 33 S. Stricker St
5. Full Name of Mother, Mary Elizabeth Strott
6. Mother's Maiden Name, " " Reus
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Charles Strott
9. Father's Occupation Merchant Tailor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Jos. L. Gilbourne M.D.

Address, 1102 W Lafayette ave

Remarks,

8970006573

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 15/97
4. *Place of Birth, (Street and Number)* 2401 Madison Av.
5. *Full Name of Mother,* Carrie Whitelock
6. *Mother's Maiden Name,* Carrie Reynolds
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* A B Whitelock
9. *Father's Occupation*
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison Av

Remarks,

8 9 7 0 0 0 6 5 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236.]

RETURN OF A BIRTH. 86892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 15th 1897
4. *Place of Birth, (Street and Number)* 1318 S Charles st
5. *Full Name of Mother,* Lula Massey
6. *Mother's Maiden Name,* " Harding
7. *Mother's Birthplace,* Howard Co Md
8. *Full Name of Father,* Albert L Massey
9. *Father's Occupation* Fireman on Bad O
10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs C A Brooks

Address, 1828 Lisbon st

Remarks, Dany Hall

8970006575

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	Oct. 15 '9?
4. *Place of Birth, (Street and Number)*	Md. Genl. Hosp.
5. *Full Name of Mother,*	Lillie Matthews
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Wm Jamson
9. *Father's Occupation*	Lab.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	M. L. Todd.
Address,	Md. Genl. Hosp.
Remarks,	

8 4 7 0 0 0 6 5 7 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, October 15, 1894.
4. Place of Birth, (Street and Number) 400 Fifth ave.
5. Full Name of Mother, Grace Ann Burns.
6. Mother's Maiden Name, Glover.
7. Mother's Birthplace, Md.
8. Full Name of Father, Edward W. Burns.
9. Father's Occupation Machinist.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Tindall M.D.

Address, 291 Chestnut ave.

Remarks,

8970006577

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

3.36.]

RETURN OF A BIRTH. 86895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* ~~male~~female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 15 October 1897
4. *Place of Birth, (Street and Number)* 1525 Riggs ave Md
5. *Full Name of Mother,* Beartie A Johnson
6. *Mother's Maiden Name,* Beartie Smith
7. *Mother's Birthplace,* Lancaster Co Va
8. *Full Name of Father,* James henry Johnson
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Jamesing mill Md

Name of Medical Attendant, or other person who makes this Return, Sarah Rolling

Address, 1610 Vincent ave

Remarks,

8970006578

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 15th 1897
4. *Place of Birth, (Street and Number)*	548 W. Barre
5. *Full Name of Mother,*	Julia E. Ingels
6. *Mother's Maiden Name,*	Buckey
7. *Mother's Birthplace,*	West Virginia
8. *Full Name of Father,*	George W. Ingels
9. *Father's Occupation*	Bakeman
10. *Father's Birthplace,*	Cumberland Md.
Name of Medical Attendant, or other person who makes this Return,	S. W. Seldner
Address,	1007 E. Eager St.
Remarks,	8970006579

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 86897

GIVEN NAME ADDED 11-17-6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Irene C. Kipp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 16/97 1897
4. Place of Birth, (Street and Number) 410 S. Ann St.
5. Full Name of Mother, Annie Kipp
6. Mother's Maiden Name, " Geiger
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. Kipp
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

1 8 9 7 0 0 0 6 5 8 0

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Wht.
3. *Date of Birth,* Oct 16/97
4. *Place of Birth, (Street and Number)* 1742 N. Calhoun St.
5. *Full Name of Mother,* Mrs Owen Crook
6. *Mother's Maiden Name,* Pauline Prout
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Owen Crook
9. *Father's Occupation* Pharton Dowes
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2531 Penna. Ave.

Remarks, 7 mo. Eclampsia baby well

8970006581

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery; or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth,* Oct 16/37
4. *Place of Birth, (Street and Number)* 1805 N Gay
5. *Full Name of Mother,* Mrs Lizzie Steiner
6. *Mother's Maiden Name,* Stitt
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Geo Steiner
9. *Father's Occupation* Barber
10. *Father's Birthplace,* N. J.

Name of Medical Attendant, or other person who makes this Return, [illegible] M.D.

Address,

Remarks,

8 9 7 0 0 0 6 5 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 16th 1897
4. *Place of Birth, (Street and Number)* #201 Park ave st.
5. *Full Name of Mother,* Lillie May Meyer
6. *Mother's Maiden Name,* Lillie May Robertson
7. *Mother's Birthplace,* Warfieldsburg Carroll Co. Maryland.
8. *Full Name of Father,* George Henry Meyer
9. *Father's Occupation* Boiler Maker
10. *Father's Birthplace,* Baltimore Maryland.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bagge

Address, 711 W. Saratoga St

Remarks,

8970006583

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Coroner, his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5te

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16ten of October 92.
4. Place of Birth, (Street and Number) 1023 Myrtle Av
5. Full Name of Mother, K. S. Joyce
6. Mother's Maiden Name, K. S. Leber
7. Mother's Birthplace, Balto
8. Full Name of Father, F. C. Joyce
9. Father's Occupation Buchbinder
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 N. Pratt St

Remarks,

8970006584

Wm. J. C. Dulany Co., City Printers and Stationers.

been completed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 16th 1897
4. *Place of Birth, (Street and Number)* 2208 Forrest Street
5. *Full Name of Mother,* Annie Geisler
6. *Mother's Maiden Name,* Annie Sturm
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Geisler
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H. Kron Midwife

Address, 1922 E. Fayette Street

Remarks,

8970006585

Wm. J. C. Dulany Co., City Printers and Stationers.

been completed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16th Oct 1897
4. *Place of Birth, (Street and Number)* 443 Clement St
5. *Full Name of Mother,* Mary Wentworth
6. *Mother's Maiden Name,* Lynch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Wentworth
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 650 E Fort Ave

Remarks,

8970006586

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 86904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct. 16, 1897
4. *Place of Birth, (Street and Number)* 707 Robinson St.
5. *Full Name of Mother,* Sarah Fowler
6. *Mother's Maiden Name,* Sarah Hughes
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Fowler
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8970006587

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 16th 97
4. Place of Birth, (Street and Number) 1012 Sharp St
5. Full Name of Mother, Alice Davis
6. Mother's Maiden Name, Alice Hunter
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Harry Davis
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. G H Hammerbacher Md

Address, 1034 Leadenhall St

Remarks,

1 8 9 7 0 0 0 6 5 8 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5e
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October the 16th 1897
4. *Place of Birth, (Street and Number)*	Pratt st N 17-18
5. *Full Name of Mother,*	Magdene thurman
6. *Mother's Maiden Name,*	Magdene grace
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Bernard thurman
9. *Father's Occupation*	Police officer
10. *Father's Birthplace,*	Europe
Name of Medical Attendant, or other person who makes this Return,	Dr J Kelly
Address,	N 1932 Wilkins Ave
Remarks,	

8970006589

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RETURN OF A BIRTH. 86907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	Oct 16 '97
4. *Place of Birth, (Street and Number)*	Md. Genl. Hosp.
5. *Full Name of Mother,*	Annie Booker
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	Walter Willis
9. *Father's Occupation*	Lab.
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return,	M. L. Todd
Address,	Md. Genl. Hosp.
Remarks,	

8 9 7 0 0 0 6 5 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236

its parents, the date and place of birth; and the
r in the form of a certificate between the first and
issioner of Health. In case the birth of any child
er of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
vered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the
third day of each and every month to the office of the Commissioner of
shall occur without the attendance of a physician or practitioner of mi
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with the
jected to the fine of ten (10) dollars for each offence, to be recovered as

RETURN OF A BIRTH. 86908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 16 1897
4. *Place of Birth, (Street and Number)* 207 Hanover St.
5. *Full Name of Mother,* Patronilla ~~Schmidt~~ Kraft.
6. *Mother's Maiden Name,* Patronilla ~~Kraft~~ Schmidt.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Robert Kraft.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. Meinck

Address, 800 Leadenhall Street.

Remarks,

8970006591

Wm. J. C. Dulany Co., City Printers and Stationers.

occupation of its parents, the date and place of birth; and the
he practitioner in the form of a certificate between the first and
e of the Commissioner of Health. In case the birth of any child
n or practioner of midwifery, or should no other person be in
after it shall become the duty of the person or parents of such
ealth, in the manner and within the period above required, and
ail to comply with the provisions of this section shall be sub-
ce, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White - German -
3. *Date of Birth,*	October 6th 1897
4. *Place of Birth, (Street and Number)*	115 W. Lombard St.
5. *Full Name of Mother,*	Tillie Kline
6. *Mother's Maiden Name,*	Tillie Kline
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	Unknown
10. *Father's Birthplace,*	Unknown
Name of Medical Attendant, or other person who makes this Return,	E. Boynton MD
Address,	115 W. Lombard
Remarks,	

8970006592

Wm. J. C. Dulany Co., City Printers and Stationers.

86910

RETURN OF A BIRTH. ~~86909~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White-American
3. *Date of Birth,*	October 16th 1897
4. *Place of Birth, (Street and Number)*	115 W Lombard
5. *Full Name of Mother,*	Mary Lasin
6. *Mother's Maiden Name,*	Mary Lasin
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	Unknown
10. *Father's Birthplace,*	Unknown
Name of Medical Attendant, or other person who makes this Return,	E L Boynton M.D
Address,	Maryland Lying In Asylum
Remarks,	

8970006593

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Octo 17 - 1897
4. Place of Birth, (Street and Number) Baltimore 1166 W. Hamburg St
5. Full Name of Mother, Maud J. Kinsey
6. Mother's Maiden Name, Maud J. Stattings
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert S. Kinsey
9. Father's Occupation Machinists
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 W. Cross St

Remarks,

8970006594

Wm. J. C. Dulany Co., City Printers and Stationers.

Each conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. M.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17th of October 92.
4. *Place of Birth, (Street and Number)*	615 E Eutaw St.
5. *Full Name of Mother,*	~~Nathale Majer~~ Nathalie Wölfer
6. *Mother's Maiden Name,*	Balle
7. *Mother's Birthplace,*	Fred. Maijer
8. *Full Name of Father,*	Salem Keper
9. *Father's Occupation*	Balle
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Friederike Keiler midwife
Address,	2116 W. Pratt St
Remarks,	

8970006595

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86913

GIVEN NAME ADDED 1/18/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Grace Esther Sheppard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 17th 1897
4. Place of Birth, (Street and Number) 770 W. Cross st
5. Full Name of Mother, Maggie Sheppard
6. Mother's Maiden Name, Maggie Leahr
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Elmer Sheppard
9. Father's Occupation Saddler
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 W. Cross St

Remarks,

8970006596

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 86914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 17 October 1847
4. Place of Birth, (Street and Number) W. Ostend St 101
5. Full Name of Mother, Elisabeth Ross
6. Mother's Maiden Name, Elisabeth Williams
7. Mother's Birthplace, Balt. County
8. Full Name of Father, Conrad Ross
9. Father's Occupation, foreman in a tin factory
10. Father's Birthplace, Spangenberg Hessia

Name of Medical Attendant, or other person who makes this Return. Dr Reinhard

Address, 220 W Madison Street

Remarks,

8 9 7 0 0 0 6 5 9 7

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[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1236

GIVEN NAME ADDED 5-18-59

RETURN OF A BIRTH. 86915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minnie Kirstein

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 17th 1897
4. *Place of Birth, (Street and Number)* 728 S. Charles St.
5. *Full Name of Mother,* Fannie Kirstein
6. *Mother's Maiden Name,* Fanie Marcus
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Bengman M. Kirstein
9. *Father's Occupation* Stoke
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 800 Leadenhall Street

Remarks,

8970006598

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Oct 1 '99
4. Place of Birth, (Street and Number) 69 Bradley St
5. Full Name of Mother, Annie E Johnson
6. Mother's Maiden Name, " " Butler
7. Mother's Birthplace, Frederick Co. Md.
8. Full Name of Father, Jno. B. Johnson
9. Father's Occupation Laborer.
10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, Md. Gen. Hosp

Remarks,

8 9 7 0 0 0 6 5 9 9

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 2-14-55

RETURN OF A BIRTH 86917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marye Virginia Leutbecker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 17th 1897
4. Place of Birth, (Street and Number) 2852 W. Mt Ave
5. Full Name of Mother, Virginia Leutbecker
6. Mother's Maiden Name, Virginia Chambers
7. Mother's Birthplace, Va
8. Full Name of Father, Walter Leutbecker
9. Father's Occupation, Chst
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. J. D. Shimer M.D.

Address, 303 N Carey St

Remarks,

8970006600

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 86918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th of October 97
4. Place of Birth, (Street and Number) No 2 Hollens St Ext
5. Full Name of Mother, Mary Heigler
6. Mother's Maiden Name, Mary Heer
7. Mother's Birthplace, Balto
8. Full Name of Father, William Heigler
9. Father's Occupation Butcher
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Heidler Midwife

Address, 2116 W Pratt St

Remarks,

8970006601

Wm. J. C. Dulany Co., City Printers and Stationers.

Mother, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 18th.
4. Place of Birth, (Street and Number) No 1426 Ramsey St.,
5. Full Name of Mother, Emma May Spurier,
6. Mother's Maiden Name, Cook,
7. Mother's Birthplace, Balto City
8. Full Name of Father, Oliver Grant Spurier,
9. Father's Occupation, Laborer,
10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other person who makes this Return, [signature]

Address, No 921 Columbia Ave

Remarks,

8 9 7 0 0 0 6 6 0 2

Wm J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 18th 1897
4. Place of Birth, (Street and Number) 222 Canton Ave Extension Highlandtown
5. Full Name of Mother, Henriette Tegeder
6. Mother's Maiden Name, " King
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Tegeter
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H. Brown, Midwife

Address, 1922 E. Fayette Street

Remarks,

8970006603

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 86921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18th Oct 1897
4. *Place of Birth, (Street and Number)* 1614 Burrough St
5. *Full Name of Mother,* Anne Rice
6. *Mother's Maiden Name,* Allen
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Rice
9. *Father's Occupation* Laboren
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 650 E Fort ave

Remarks,

8970006604

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86922

GIVEN NAME ADDED 4-5-68

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Margaret ~~Hamer~~ Windsor

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 5th
4. Place of Birth, (Street and Number) 623 E Appleton St
5. Full Name of Mother, Mrs Edith E Windsor (" " Hamer)
6. Mother's Maiden Name,
7. Mother's Birthplace, England
8. Full Name of Father, Edward Windsor
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, D. F. Odell M.D.

Address, 1001 Eutaw

Remarks,

8970006605

Wm J C. Dulany Co., City Printers and Stationers.

which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case the practitioner fails to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable by the Commissioner of

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. *Sex, (state whether ~~male~~ or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 7/97
4. *Place of Birth, (Street and Number)* #808 Canton St
5. *Full Name of Mother,* Kattey Barthowiak.
6. *Mother's Maiden Name,* Kattey Filspiak.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Stanislaus Barthowiak.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Annie Goodyear.

Address, #1710 Alice Anna St

Remarks, None

8 9 7 0 0 0 6 6 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 10/97
4. *Place of Birth, (Street and Number)* #512 S. Broadway
5. *Full Name of Mother,* Balbija Twardowska
6. *Mother's Maiden Name,* Balbija Tomalska.
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Peter Twardowski.
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, #1710 Alice Anna St

Remarks, 6 months Twins

8 9 7 0 0 0 6 6 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...tained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. *Sex, (state whether ~~male~~ or female)* Femal
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Octoter 13-1897
4. *Place of Birth, (Street and Number)* #813 Canton St
5. *Full Name of Mother,* Annie Kamenska.
6. *Mother's Maiden Name,* Annie Barkowska.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Kamenski.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, #1710

Remarks, Done

8470006608

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* # October 14/97
4. *Place of Birth, (Street and Number)* 713 S. Broadway
5. *Full Name of Mother,* Agnes Wojtasiak.
6. *Mother's Maiden Name,* Agnes Wojtasiak.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Unknown
9. *Father's Occupation* Unknown
10. *Father's Birthplace,* Unknown

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, #1710 Alice Anna St

Remarks, None

8970006609

Wm. J. C. Dulany Co., City Printers and Stationers.

...ed the full name of each child, (if any shall have ...its parents, the date and place of birth; and the ...er in the form of a certificate between the first and ...issioner of Health. In case the birth of any child ...er of midwifery, or should no other person be in ...become the duty of the person or parents of such ...manner and within the period above required, and ...with the provisions of this section shall be sub- ...vered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Oct. 15, 1897
4. *Place of Birth, (Street and Number)*	632 Campbell
5. *Full Name of Mother,*	Harriet Thomas Edwards
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	James Thomas
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Hannah Hatchett
Address,	609 Campbell St.
Remarks,	

8 9 7 0 0 0 6 6 1 0

Wm J C Dulany Co., City Printers and Stationers.

d occupation of its parents, the date and place of birth; and the
the practitioner in the form of a certificate between the first and
ce of the Commissioner of Health. In case the birth of any child
ian or practioner of midwifery, or should no other person be in
reafter it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
nce, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Th

1. *Sex, (state whether ~~male~~ or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 15 Th 1897
4. *Place of Birth, (Street and Number)* # 901 Fell St
5. *Full Name of Mother,* Mary Ksonowska.
6. *Mother's Maiden Name,* Mary Kaleta.
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Frank Ksonowski.
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal

Address, # 1710 Alice Anna St

Remarks, None

8970006611

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 86930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, oct 18th 1897
4. Place of Birth, (Street and Number) 1811 Bank St
5. Full Name of Mother, Rose Meyers
6. Mother's Maiden Name, Rose Ess Knight
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Myers
9. Father's Occupation Tailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E Peregoy

Address, 2225 Bank St City

Remarks,

8970006612

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 18.
4. Place of Birth, (Street and Number) 452 Patterson Park ave
5. Full Name of Mother, Maggie Borisch
6. Mother's Maiden Name, " Becker
7. Mother's Birthplace, City
8. Full Name of Father, Wm F. Borisch
9. Father's Occupation Salom-Keeper
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, J C Burch M D

Address, 571 S Eaton St

Remarks,

8970006613

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 18th 1897
4. Place of Birth, (Street and Number) Ramsey st No 17.20
5. Full Name of Mother, maud Perl
6. Mother's Maiden Name, maud homburg
7. Mother's Birthplace, union town Md
8. Full Name of Father, Samuel Perl
9. Father's Occupation labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 19.22 Williams Ave

Remarks,

8970006614

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18th Oct 1897
4. *Place of Birth, (Street and Number)* 809 Covington St
5. *Full Name of Mother,* Martha Hendrick
6. *Mother's Maiden Name,* Stottre
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Arthur Hendrick
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 650 E Fort ave

Remarks,

8970006615

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 18/97
4. *Place of Birth, (Street and Number)* 102 S. Register Sts.
5. *Full Name of Mother,* Theresia Reisenauer
6. *Mother's Maiden Name,* Fischer
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Philipp Reisenauer
9. *Father's Occupation* Baecker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 4 7 0 0 0 6 6 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 18th 1897
4. *Place of Birth, (Street and Number)* 2719 Henderson St
5. *Full Name of Mother,* Catherine M Saunders
6. *Mother's Maiden Name,* " " Brown
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Samuel M Saunders
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, W. H. Schwatka Mrs

Address, 2425 Fait Ave

Remarks,

8970006617

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 86936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 18/97
4. Place of Birth, (Street and Number) 1111 N. Collington Ave.
5. Full Name of Mother, Theresia Billing
6. Mother's Maiden Name, Kotchenreiter
7. Mother's Birthplace, Germany
8. Full Name of Father, John Billing
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 U 0 0 6 6 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 86937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 15/97
4. *Place of Birth, (Street and Number)* 15/27 Thames St.
5. *Full Name of Mother,* Stanislawa Radajczak
6. *Mother's Maiden Name,* St. Walczyuska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Walenty Radajczak
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, Ann St 121

Remarks, Baltimore

8970006619

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner it shall be the duty of the person or parents, or such attendance upon the mother, immediately hereafter it shall become the duty of the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of midwifery, or should no other person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 86938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twentieth (20)—

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Oct 15, 1897 11.30 a. m.

4. Place of Birth, (Street and Number) 124 Whatcoat St.

5. Full Name of Mother, Jos. Fox

6. Mother's Maiden Name,

7. Mother's Birthplace, Virginia

8. Full Name of Father,

9. Father's Occupation Day Laborer

10. Father's Birthplace, Eastern Shore of Maryland.

Name of Medical Attendant, or other person who makes this Return, Dr. Burritt.

Address, Homeo. Hospital 1120 N. Mount St.

Remarks,

8970006620

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 18
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Maria Washington
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D Love

Address, 622 W Lombard

Remarks,

8 9 7 0 0 0 6 6 2 1

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 18
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Jane Grey
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas D Lord
622 W Lombard

Address,

Remarks,

8 4 7 0 0 0 6 6 2 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	October 18th 1897
4. *Place of Birth, (Street and Number)*	113 N Lonford St.
5. *Full Name of Mother,*	Emma Dorsey
6. *Mother's Maiden Name,*	Emma Dordey
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	Unknown
10. *Father's Birthplace,*	Unknown
Name of Medical Attendant, or other person who makes this Return,	E. Baynton M.D.
Address,	113 N Lonford St
Remarks,	

8 9 7 U 0 0 6 6 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex; color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 8th 1897
4. *Place of Birth, (Street and Number)*	115 N Longford
5. *Full Name of Mother,*	Callie Haverd,
6. *Mother's Maiden Name,*	Callie Haverd
7. *Mother's Birthplace,*	Moreford
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	E. E. Baynton M.D.
Address,	Moreford Lying-in Asylum
Remarks,	

8970006624

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 86943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct 19th 1897
4. Place of Birth, (Street and Number)	Baltimore Md # 1838 Montrose St.
5. Full Name of Mother,	Katie Armpriester Hebler
6. Mother's Maiden Name,	Baltimore Md
7. Mother's Birthplace,	Marion Armpriester
8. Full Name of Father,	Steam Fitter
9. Father's Occupation	Baltimore Md
10. Father's Birthplace,	Mrs Mary Krusing
Name of Medical Attendant, or other person who makes this Return.	# 414 S Stricker St Baltimore Md
Address,	Mother and Child are doing well.
Remarks,	

8970006625

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall cause a return of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

RETURN OF A BIRTH. 86944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Oct. 19 1897
4. *Place of Birth, (Street and Number)*	524 S. Patterson Pk. Ave.
5. *Full Name of Mother,*	Mary Hodgen
6. *Mother's Maiden Name,*	Mary Fobler
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Samuel Hodgen
9. *Father's Occupation*	Can-capper
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary E. Drayne
Address,	824 S. Canton St.
Remarks,	

8970006626

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 19th 1897.
4. Place of Birth, (Street and Number) 2726 Bernard St
5. Full Name of Mother, Daisy Lilly Godman.
6. Mother's Maiden Name, Daisy Lilly Armiger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Frank Godman.
9. Father's Occupation Conductor
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Albert Shelley MD

Address, 3426 Chestnut Ave Hampden

Remarks, Prematurely born. — Early in eighth month of gestation.

8 4 7 8 0 0 6 6 2 7

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 1997.
4. *Place of Birth, (Street and Number)* 1816 N. Duncan Al
5. *Full Name of Mother,* Helen Eder
6. *Mother's Maiden Name,* " Kamm
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Joseph Eder
9. *Father's Occupation* Stock Clerk
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks,

8 9 7 0 0 0 6 6 2 8

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 19
4. *Place of Birth, (Street and Number)* 1504 Blooming dale Av Walbrook
5. *Full Name of Mother,* Bettie Swain
6. *Mother's Maiden Name,* Bettie Myers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Howard Swain
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Peregoy

Address, 2847 Lanvail St

Remarks,

8 9 7 0 0 0 6 6 2 9

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1236.]

RETURN OF A BIRTH. 86948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 19, 1897.
4. Place of Birth, (Street and Number) 439 Roland ave.
5. Full Name of Mother, Sarah M. Reynolds.
6. Mother's Maiden Name, Bowen.
7. Mother's Birthplace, Md.
8. Full Name of Father, Robert Fuller Reynolds.
9. Father's Occupation Clerk.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8970005630

Wm. J. C. Dulany Co., City Printers and Stationers.

...ion of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 86949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 Oct.
4. Place of Birth, (Street and Number) 1621 Thames St.
5. Full Name of Mother, Frances Lijewsky
6. Mother's Maiden Name, Regalski
7. Mother's Birthplace, Pole
8. Full Name of Father, Joseph Lijewsky
9. Father's Occupation Worker
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Bell

Address, 838 S. Bond St.

Remarks,

8970006631

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 19th 1897
4. Place of Birth, (Street and Number) 115 N. Lombard St.
5. Full Name of Mother, Amanda Garvin
6. Mother's Maiden Name, Amanda Garvin
7. Mother's Birthplace, Florida
8. Full Name of Father, Unknown
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, E. L. Boynton M.D.

Address, Maryland Lying-In Asylum

Remarks,

8970006632

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name added ~~from~~ Edward Petrik

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	19 of October
4. *Place of Birth, (Street and Number)*	424 Montford ave
5. *Full Name of Mother,*	Anise Petrik
6. *Mother's Maiden Name,*	Anise Neiman
7. *Mother's Birthplace,*	Bohemie
8. *Full Name of Father,*	Joseph Jos. Petrik
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Bohemie
Name of Medical Attendant, or other person who makes this Return,	Luise Sratara
Address,	1011 Durham st
Remarks,	

8 4 7 0 0 0 6 6 3 3

Register of such birth, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Oct. 20/97
4. *Place of Birth, (Street and Number)*	2339 N. Fulton Ave.
5. *Full Name of Mother,*	Mrs Wm Sheiblein
6. *Mother's Maiden Name,*	Hattie Zimmerman
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Mrs Sheiblein
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	E. E. Faid M.D.
Address,	2531 Penna. Ave.
Remarks,	18970006634

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 86953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, Oct. 29th 1897

4. Place of Birth, (Street and Number) 520 Jefferson St Court

5. Full Name of Mother, Laura Johnson

6. Mother's Maiden Name, Hughes

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Johnson

9. Father's Occupation Oyster shucker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. McDaniel M.D.

Address, John Hopkins Hospital

Remarks,

8970006635

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	oct 20th 1897
4. *Place of Birth, (Street and Number)*	1332 Hilton St
5. *Full Name of Mother,*	Alevia M Heinzirl
6. *Mother's Maiden Name,*	Alevia M Bentz
7. *Mother's Birthplace,*	Stewartstown Pa
8. *Full Name of Father,*	Chas. P. Heinzirl
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Balto md
Name of Medical Attendant, or other person who makes this Return.	P. A. Panetta M.D.
Address,	1243 N. Broadway
Remarks,	8970006636

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth, and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the manner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86955

GIVEN NAME ADDED 10-5-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Alice Marie Bennyes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 20. (1 o'clock A.M.) 1897
4. *Place of Birth, (Street and Number)* St. Peter Street
5. *Full Name of Mother,* Mary Elizabeth Bennyes
6. *Mother's Maiden Name,* Hall
7. *Mother's Birthplace,* Howard Co. Md.
8. *Full Name of Father,* John Otto Bennyes
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kenna / for the

Address, Mothers Relief Society / 1712 Eutaw Place

Remarks,

8970006637

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Wht.
3. *Date of Birth,*	Oct. 20/97
4. *Place of Birth, (Street and Number)*	2508 Salem st.
5. *Full Name of Mother,*	Mrs Wm Ferguson
6. *Mother's Maiden Name,*	Hattie Didner
7. *Mother's Birthplace,*	Richmond Va
8. *Full Name of Father,*	Wm. Ferguson
9. *Father's Occupation*	motorman
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M.D
Address,	2531 Penna. Ave.
Remarks,	

8 9 7 0 0 0 6 6 3 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

2 36.]

GIVEN NAME ADDED 6-12-57

RETURN OF A BIRTH. 86957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Stella Monroe

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) I

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wht
3. *Date of Birth,* Oct 20 - 1897
4. *Place of Birth, (Street and Number)* J H H
5. *Full Name of Mother,* Elizabeth Loebsack
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Ohio
8. *Full Name of Father,* Joseph Monroe
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin

Address,

Remarks,

8970006639

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20th Oct 1897
4. *Place of Birth, (Street and Number)* 663 Clement St
5. *Full Name of Mother,* Darritt Wegand
6. *Mother's Maiden Name,* Greek
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Conrad Wegand,
9. *Father's Occupation* Laborer
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 650 E Fort ave

Remarks,

8970006640

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 20 - 1897
4. *Place of Birth, (Street and Number)* 724 N Mulberry St
5. *Full Name of Mother,* Mrs Virginia Townsend
6. *Mother's Maiden Name,* " J B Bitt
7. *Mother's Birthplace,* City
8. *Full Name of Father,* J Townsend
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, J F Doll M D

Address, 1001 Ed

Remarks, 8970006641

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 20th 1897
4. Place of Birth, (Street and Number) 845 Reinhardt st
5. Full Name of Mother, Catharina Stibel
6. Mother's Maiden Name, Catharina Gerver
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Andrew Stibel Jr
9. Father's Occupation Driver
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 St. Louis St.

Remarks,

8 9 7 0 0 0 6 6 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 86961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 20th 1897
4. Place of Birth, (Street and Number) 2019 The Lane
5. Full Name of Mother, Mrs Tressa Cedars Tressa
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md
8. Full Name of Father, John Tressa
9. Father's Occupation R. R.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, G. G. Wenich

Address, 11 N Carey St

Remarks,

8 9 7 0 0 0 6 6 4 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 20th. 1897.
4. Place of Birth, (Street and Number) Balt. Univ. Maternity
5. Full Name of Mother, Kate Pennel
6. Mother's Maiden Name, " Clark
7. Mother's Birthplace, England
8. Full Name of Father, James H. Pennel
9. Father's Occupation Laborer
10. Father's Birthplace, Charlestown Md.

Name of Medical Attendant, or other person who makes this Return Henry J. Hinkel (M.D.)

Address, Balt. Univ. Hosp.

Remarks,

8970006644

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under this in the city during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	20th of October 97.
4. Place of Birth, (Street and Number)	55 Wilkens St.
5. Full Name of Mother,	Louise Folzmann
6. Mother's Maiden Name,	Louise Meier
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Edward Folzmann
9. Father's Occupation	Labor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W. Pratt St.
Remarks,	

8 9 7 0 0 0 6 6 4 5

Health. This schedule shall contain a list of the births which have occurred [illegible] of each child, (if any shall have month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 20 of Oct. 1897
4. Place of Birth, (Street and Number) No 1103 Wilcox St
5. Full Name of Mother, Annie Keelan
6. Mother's Maiden Name, Annie Sinnott
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Keelan
9. Father's Occupation, Driver
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Ch. Lauer

Address, No 1059 Harford Ave Bal. Md

Remarks, 1897

8 9 7 0 0 0 6 6 4 6

Wm J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 21st 1897
4. Place of Birth, (Street and Number) #727 Lancaster St
5. Full Name of Mother, Agnes Scepaniak.
6. Mother's Maiden Name, Agnis Spachacz.
7. Mother's Birthplace, Germany
8. Full Name of Father, Wendeslaw Scepaniak.
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal

Address, #1710 Alice Anna St

Remarks, None

8 9 7 0 0 0 6 6 4 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) no of Child 6

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colard

3. *Date of Birth,* oct 21 1897

4. *Place of Birth, (Street and Number)* Pikesville

5. *Full Name of Mother,* Amey Whitley

6. *Mother's Maiden Name,* Amey Johnson

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* marten whitley

9. *Father's Occupation* Coachman

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, mrs Anne Butler

Address, 208 maple ave

Remarks, mother and child doing well

8970006648

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 86967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 21 97
4. *Place of Birth, (Street and Number)* 2009 Ashland Ave.
5. *Full Name of Mother,* Annie Hall Ringler
6. *Mother's Maiden Name,* Balto.
7. *Mother's Birthplace,* Edwards Hall Pinner
8. *Full Name of Father,*
9. *Father's Occupation,* Balto.
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mrs. Disinhofer.

Address, MIDWIFE,

Remarks, 8970006649 2225 Gough St. Baltimore, Md.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

86968

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 21/97
4. Place of Birth, (Street and Number) 2209 Mulliken Pr.
5. Full Name of Mother, Mary Goetzinger
6. Mother's Maiden Name, C. Herbert
7. Mother's Birthplace, Balto.
8. Full Name of Father, Benjamin Goetzinger
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenho

Address, MIDWIFE,

Remarks, 2225 Gough St.

18970004650

Wm. J. C. Dulany Co., City Printers and Stationers.

86969

M 1235

RETURN OF A BIRTH. 86

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 21/97
4. *Place of Birth, (Street and Number)* 110 S. Ann St.
5. *Full Name of Mother,* Mina Yaegat Hopman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Yaegat.
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

6970006651

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Balt

86266

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Sept 28th
4. Place of Birth, (Street and number) 410 Hoffman
5. Full Name of Mother, Susie Crofe
6. Mother's Maiden Name, " "
7. Mother's Birthplace, 715 Vine St
8. Full Name of Father, Samuel T. T. Bar
9. Father's Occupation Musician
10. Father's Birthplace, Oxford Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1[illegible] McCulloh St [illegible] Sam

Remarks, 0 9 7 0 0 0 6 5 2

Wm. J. C. Dulany [illegible] Printers [illegible] Stationers.

RETURN OF A BIRTH. 86267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept. 28th 1897
4. Place of Birth, (Street and Number) 355 Davis St.
5. Full Name of Mother, Lucinda Stewart
6. Mother's Maiden Name, Lucinda Earls
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Stewart
9. Father's Occupation Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, E. Boynton M.D.

Address 115 W. Lombard.

Remarks

18970006653

Wm. J. C. Dulany Co., Cit[illegible]ers and Stationers.

[illegible] been completed) its sex, color, the full name and occupation of its parents, the date [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certi[illegible] [illegible]nd day of each and every month to the office of the Commissioner of Health. In [illegible] shall occur without the attendance of a physician or practioner of midwifery, or shoul[illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RET[illegible] OF A BIRTH. 86268

To the Office of Regi[illegible]ital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (stat[illegible]st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male* Male
2. *Race or Color, (if not of* [illegible]ace) White
3. *Date of Birth,* [illegible]ef. 28 9 [illegible]
4. *Place of Birth, (Street a*[illegible] 2572 Raynor Av
5. *Full Name of Mother,* [illegible]ale May Ising
6. *Mother's Maiden Name* [illegible]ale May Stoner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Tommas Henry Ising
9. *Father's Occupation* [illegible]ing stationary in[illegible]
10. *Father's Birthplace,* Delewa

Name of Medical Att[illegible] other person who [illegible]akes this Return, Mary J Pangery

Address, 2[illegible] Lanvale St

Remarks, [illegible]9700[illegible]654

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a Certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Station[illegible]

86269

RETU[illegible] OF A BIRTH. 86269

To the Office of Registra[illegible] Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state w[illegible]d, 3d, &c.) 2 and

1. *Sex, (state whether male or* [illegible] female
2. *Race or Color, (if not of th*[illegible] Colored
3. *Date of Birth,* Sep 28/97
4. *Place of Birth, (Street and* [illegible]7 Parrish alley
5. *Full Name of Mother,* [illegible]nt
6. *Mother's Maiden Name,* [illegible]y Brotlin
7. *Mother's Birthplace,* [illegible]dle Co Md
8. *Full Name of Father,* [illegible]unt
9. *Father's Occupation* [illegible]
10. *Father's Birthplace,* [illegible]ndle Co Md

Name of Medical Attend[illegible]n who [illegible]eturn, Jane Warren

Address, 24 Bruce St

Remarks,

8 9 7 0 0 0 0 6 5 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1236]

RETURN OF A BIRTH. 86270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 28 - 1897
4. Place of Birth, (Street and Number) 116 1100 Patterson st
5. Full Name of Mother, Lidia Horsman
6. Mother's Maiden Name, Ems
7. Mother's Birthplace, Wicomico Co. md
8. Full Name of Father, Joel Horsman
9. Father's Occupation Seaman
10. Father's Birthplace, Wicomico Co. md

Name of Medical Attendant, or other person who makes this Return, Sarah C Harrington

Address, 929 Bonney st

Remarks,

8970006656

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK SAFETY FILM

[illegible]

been [illegible] its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Sept. 28th 1897
4. *Place of Birth, (Street and Number)* J. H. H.
5. *Full Name of Mother,* Jennie Green
6. *Mother's Maiden Name,* " Smith
7. *Mother's Birthplace,* Missouri
8. *Full Name of Father,* Jno. C. Green
9. *Father's Occupation* Collector
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. McDaberry M.D.

Address, John Hopkins Hospital

Remarks,

8 9 7 0 0 0 6 6 5 7

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 86272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 25/77
4. Place of Birth, (Street and Number) 726 Durham St
5. Full Name of Mother, Mary Wotreba
6. Mother's Maiden Name, M. Zmudziejewska
7. Mother's Birthplace, Germany
8. Full Name of Father, John Wotreba
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, Ann St No 721

Remarks, Baltimore

8970006658

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236

RETURN OF A BIRTH. 86273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 Sept
4. *Place of Birth, (Street and Number)* Masonville near 6
5. *Full Name of Mother,* Mary Sula
6. *Mother's Maiden Name,* Kaza
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Charles Sula
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Pitt

Address, 838 S. Bond St.

Remarks,

8970006659

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH. 86274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sep 28 — 1897
4. *Place of Birth, (Street and Number)* 1119 E. Pratt St.
5. *Full Name of Mother,* Minnie Blehn
6. *Mother's Maiden Name,* Marks
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Simon Blehn
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970006660

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 28th 1897
4. Place of Birth, (Street and Number) 14 W. Eager St. Balto. Md.
5. Full Name of Mother, Julia A. ~~Hacey~~ Hewberry
6. Mother's Maiden Name, " " Hacey.
7. Mother's Birthplace, Lynchburg Va.
8. Full Name of Father, Fredrick Hewberry.
9. Father's Occupation, Coachman
10. Father's Birthplace, Hunting Honshire England.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Tibbs

Address, 719 Buren St. Balto. Md.

Remarks,

8970006661

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RM 1236.]

schedule, to be furnished by the Commissioner of
register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of
Health. This schedule shall contain a list of the births which have occurred during the
month, and shall set forth as far as the same can be ascertained the full name and occupation of its parent
been conferred) its sex, color, the full name and the practitioner in the first and
said schedule shall be delivered duly signed by the Commissioner of
third day of each and every month to the office or practioner of midwifery, of the person or parents of such
shall occur without the attendance of a physician. It shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 28 th 1897.
4. *Place of Birth, (Street and Number)* 1114 Hanover St.
5. *Full Name of Mother,* Katie Kelley.
6. *Mother's Maiden Name,* Katie Murray.
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas Kelley
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Elzie Brooks.

Address, 1828 Light St.

Remarks, Doing Well.

84700001662

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 29th 1897
4. Place of Birth, (Street and Number) Baltimore Md. 1713 W Lafayette Ave
5. Full Name of Mother, Nellie Davinport Blaney
6. Mother's Maiden Name, Nellie Davinport Loane
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Walter Blaney
9. Father's Occupation Bricklayer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return Mrs Hunter

Address, 23 No Poppleton St

Remarks,

8 9 7 0 0 0 6 6 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH. 86278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) 29th Sept 97
3. Date of Birth, do
4. Place of Birth, (Street and Number) 1423 Clarkson St
5. Full Name of Mother, Lena Elliott
6. Mother's Maiden Name, " Knouse
7. Mother's Birthplace, Balto
8. Full Name of Father, John Elliott
9. Father's Occupation Holder
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E Yewell

Address, 650 E Fort Ave

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970006664

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

RETURN OF A BIRTH. 86279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep 29th
4. Place of Birth, (Street and Number) Baltimore, 1210 Cross st
5. Full Name of Mother, Minnie A. Griffith
6. Mother's Maiden Name, Minie Schumacher
7. Mother's Birthplace, Baltimore M.D
8. Full Name of Father, William H. Griffith
9. Father's Occupation Piano an Organ tuner
10. Father's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bischof

Address, No 731 St Peter Str.

Remarks,

1 8 9 7 0 0 0 6 6 6 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 29th 189
4. *Place of Birth, (Street and Number)*	2032 Orleans Street
5. *Full Name of Mother,*	Hanna Beil
6. *Mother's Maiden Name,*	Hanna Bedman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John J Beil
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Brown Midwife
Address,	1922 E. Fayette Street
Remarks,	

8 9 7 0 0 0 6 6 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 86281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 29 Sept
4. *Place of Birth, (Street and Number)* 911 Hillen St
5. *Full Name of Mother,* Lizzie Gill
6. *Mother's Maiden Name,* Lizzie Müller
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* Walter Gill
9. *Father's Occupation* Motterman
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Zink Midwife

Address, 1417 E. Eager St.

Remarks,

8970006667

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 86282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29 Sept
4. Place of Birth, (Street and Number) 812 Greenmount Ave
5. Full Name of Mother, Annie Batterdan
6. Mother's Maiden Name, Annie Eagen
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Joseph Batterdan
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs. J Birth Midwife

Address, 1417 E. Eager St.

Remarks,

8970006660

. C. Dulany Co., City Printers and Stationers.

FORM 1286.]

GIVEN NAME ADDED 4/15/57

RETURN OF A BIRTH. 86283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CAROLINE BECKER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 28 Sept. 1897
4. *Place of Birth, (Street and Number)* 419 N. Paca
5. *Full Name of Mother,* Amelia Becker
6. *Mother's Maiden Name,* Amelia Knoop
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* Louis W. Becker
9. *Father's Occupation* Boxmanufacturer
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs. J Linh Heidrick

Address, 1417 E Eager St

Remarks,

8 9 7 0 0 0 6 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 1-16-52

RETURN OF A BIRTH. 86284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Naomi Mary ~~Mitchell~~ pt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 29. 1897
4. Place of Birth, (Street and Number) 28 N. Fulton Ave
5. Full Name of Mother, Minnie Mitchell
6. Mother's Maiden Name, Schulze
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William C. Mitchell
9. Father's Occupation Brakeman
10. Father's Birthplace, Prince George Co. Md

Name of Medical Attendant, or other person who makes this Return, Edward H. Condon M.D.

Address, 1403 W. Fayette St

Remarks,

8970006670

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] place, shall keep a true and correct [illegible] the same on blank schedule, to be furnished by the Commissioner of [illegible] schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1256.]

RETURN OF A BIRTH. 86285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* sept 29 1891
4. *Place of Birth, (Street and Number)* No 5 Colhouth st
5. *Full Name of Mother,* mary Snider
6. *Mother's Maiden Name,* Solmon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph
9. *Father's Occupation* blacksmith
10. *Father's Birthplace,* Baltimore county

Name of Medical Attendant, or other person who makes this Return, Mrs Alice Blum

Address, Colvin St near Forsey lane

Remarks,

8970006671

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

[illegible] shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Fer Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 29th Sept.
4. Place of Birth, (Street and Number) No 1251 Sargent St.
5. Full Name of Mother, Maggie Schollian
6. Mother's Maiden Name, Ganzhorn
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Frederich Schollian
9. Father's Occupation Wood-Carver
10. Father's Birthplace, New-York

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischoff

Address, No 731 St Peter St.

Remarks,

8970006672

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH. 86287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 29 th 1897.
4. Place of Birth, (Street and Number) 1602. Patapsco St.
5. Full Name of Mother, Florance Metcon
6. Mother's Maiden Name, Florance Thomas.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jochas. Metcon
9. Father's Occupation ~~Coal~~ ~~Co.~~ Molder.
10. Father's Birthplace, Carl Co.

Name of Medical Attendant, or other person who makes this Return, Eloze Brooks.

Address, 1828 Light St.

Remarks, Doing Well.

B 7 7 0 0 0 6 6 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 29, '97.
4. *Place of Birth, (Street and Number)* 1827 Brunt St.
5. *Full Name of Mother,* Elizabeth C. Smith
6. *Mother's Maiden Name,* Elizabeth C Kanz
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Fred. Smith
9. *Father's Occupation,* House Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, W. McLean Yost, M.D.

Address, 1231 Argyle ave

Remarks,

8970006674

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

[illegible] shall keep a true and correct month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

RETURN OF A BIRTH. 86 289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 29 1897
4. *Place of Birth, (Street and Number)* McHenry No 18.26
5. *Full Name of Mother,* Emmer R Thill
6. *Mother's Maiden Name,* Emmer R Stonerifer
7. *Mother's Birthplace,* Pensilvania
8. *Full Name of Father,* Arthur B Thill
9. *Father's Occupation* machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Wilkins Av

Remarks,

8 9 7 0 0 0 6 6 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 29/97
4. *Place of Birth, (Street and Number)*	2057 McCulloh St
5. *Full Name of Mother,*	Sadie Williams
6. *Mother's Maiden Name,*	Sadie Burgee
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Edgar Williams
9. *Father's Occupation*	Car Conductor
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	A Cole
Address,	2038 Madison Av
Remarks,	

8 4 7 0 0 0 6 6 7 6

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 86291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sep. 29 — 1897
4. Place of Birth, (Street and Number) 1054 Granby St.
5. Full Name of Mother, Rose Messner
6. Mother's Maiden Name, Keiser
7. Mother's Birthplace, Germany
8. Full Name of Father, Casper Messner
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 9 7 0 0 0 6 6 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

(over)

RETURN OF A BIRTH. 86292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank Romecki

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 9/91
4. Place of Birth, (Street and Number) 2620 Hudson St
5. Full Name of Mother, Rose Romecka
6. Mother's Maiden Name, R. Faerman
7. Mother's Birthplace, Germany
8. Full Name of Father, Stanislaus Romecki
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Bryer

Address, Ann St N 721

Remarks, Baltimore

8 4 7 0 0 0 6 [illegible] 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 29 97
4. Place of Birth, (Street and Number) 1317 Homewoode Ave
5. Full Name of Mother, Annie Tushy
6. Mother's Maiden Name, Annie Sullivan
7. Mother's Birthplace, Md.
8. Full Name of Father, James Tushy
9. Father's Occupation Supt of Insurance,
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, J H Robinson Md.

Address, 126 E. Preston St

Remarks,

8970006679

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 29th 1897
4. *Place of Birth, (Street and Number)*	44 Cookesie St.
5. *Full Name of Mother,*	Catherine Welsh
6. *Mother's Maiden Name,*	Catherine Welsh
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	William Welsh
9. *Father's Occupation*	Dyer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Margaret Ethel
Address,	1617 Orleans St. Balto.
Remarks,	

8970006680

Wm. J. C. Dulany Co., City Printers and Stationers

FORM 1236.]

RETURN OF A BIRTH. 86295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 septmber
4. *Place of Birth, (Street and Number)* 118 amity st
5. *Full Name of Mother,* Lizzie Moore
6. *Mother's Maiden Name,* Lizzie Siegel
7. *Mother's Birthplace,* Pen Pa
8. *Full Name of Father,* Lewis Moore
9. *Father's Occupation* Baker
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return Mary A Ledby

Address, 1004 West Lexington St

Remarks,

8 9 7 0 0 0 6 6 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 29th 1897
4. Place of Birth, (Street and Number) 123 Carroll St. Hampden
5. Full Name of Mother, Annie Quirk
6. Mother's Maiden Name, Annie Harrison
7. Mother's Birthplace, Ireland
8. Full Name of Father, William Stephen Quirk
9. Father's Occupation Minister of Gospel.
10. Father's Birthplace, Isle of Man.

Name of Medical Attendant, or other person who makes this Return, Albert Shelley M.D.

Address,

Remarks,

8970006682

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the forms which have been given to the Commissioner of Health, and shall have the full name of each child, (if any shall have month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

RETURN OF A BIRTH. 86297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 29th September 1891.
4. *Place of Birth, (Street and Number)* 1213. Hare st.
5. *Full Name of Mother,* Linna Karwatski
6. *Mother's Maiden Name,* Goscinski
7. *Mother's Birthplace,*
8. *Full Name of Father,* John Karwatski
9. *Father's Occupation* Labror
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs F. Liersemann.

Address, 2422 Elliott St.

Remarks,

8970006683

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30th of September 99
4. *Place of Birth, (Street and Number)* 220 S. Stricker St
5. *Full Name of Mother,* Maud Giesecke
6. *Mother's Maiden Name,* Maud Scheppard
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* August Giesecke
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St

Remarks,

8 9 7 0 0 0 6 6 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[Form 1236]

RETURN OF A BIRTH. 86299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edward M. ~~McKewen~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30th of Sept 1897
4. Place of Birth, (Street and Number) Baltimore Md # 325 Woodyear St
5. Full Name of Mother, Annie L McKewen
6. Mother's Maiden Name, " " Lyons.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John E McKewen
9. Father's Occupation Candy Maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Kraning

Address, # 414 S Stricker St. Baltimore Md.

Remarks, Mother and Child are doing well.

8970006685

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] registered in the City of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236.]

RETURN OF A BIRTH. 86300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, ~~1509~~ September 30th 1897
4. Place of Birth, (Street and Number) 1509 Clarson St.
5. Full Name of Mother, Mary Becker.
6. Mother's Maiden Name, Mary Bowers.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, William G. Becker.
9. Father's Occupation Drayman.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks.

Address, 1828 Light St.

Remarks, Dang Well.

8 7 7 0 0 0 6 6 8 6

Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 86301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	30th of Septembe
4. *Place of Birth, (Street and Number)*	810 Mc Donough St
5. *Full Name of Mother,*	Not Mazried
6. *Mother's Maiden Name,*	Meary Le Compte
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Williams Hamilton
9. *Father's Occupation*	Labor Man
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Caroline Patterson
Address,	815 N. Dallas St
Remarks,	Long well as can expect

8 4 7 0 0 0 6 6 8 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

Oct the 8 1897

a.86302

Sex male. No of child 5-
Race White
Date September the 30 1897
Place of Birth 224 Cery St
Full Name of Mother Sarah Miller
Maden name Sarah Millbourt
Mother birth place Baltimore
Father name William Miller
Father Occupation Plumer
Father Birth place Baltimore
Attendent Mrs Thom
1310 W Pratt St

8970006688

Over

RETURN OF A BIRTH. 86303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 30th 1898
4. *Place of Birth, (Street and Number)*	Penna Ave opp Pinkies gate
5. *Full Name of Mother,*	Ella Megenhart
6. *Mother's Maiden Name,*	Ray
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas Megenhart
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Chas E Sadtler
Address,	1800 Bolton St
Remarks,	Harry F. P. Megenhardt

8 9 7 0 0 0 6 6 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236

RETURN OF A BIRTH. 86 304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 30/97
4. *Place of Birth, (Street and Number)* 734. S. Montford Ave.
5. *Full Name of Mother,* Mary Küchenmeister
6. *Mother's Maiden Name,* " Hussstedt
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John B. Küchenmeister
9. *Father's Occupation* Coppersmith
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 6 6 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

register of such birth, and shall enter the same on blank schedules furnished by the City of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 30th 1897

4. Place of Birth, (Street and Number) No 906 N Chester St

5. Full Name of Mother, Lillie Stieman

6. Mother's Maiden Name, Reed

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fred Stieman

9. Father's Occupation Upholster

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Grass.

Address, No 1907 E Monument St.

Remarks,

8970006691

Wm. J. C. Dulany Co,. City Printers and Stationers.

October the 3 1877

A. 86306

Sex Female. No of Child 4
Race White
Date Sept the 20 1877
Place of birth 222 S Bond St
Full Name of Mother Hattie Thom
Mothers Maiden Name Hattie Campbell
Mothers Birth Place Howard Co
Name of Father Jacob Thom
Fathers Occupation Cpt. Trimmer
Fathers Birth Place Baltimore
Attendant Dr Thom
1215 Pratt St

8970006692

RETURN OF A BIRTH. 86307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Septber 30th 1897
4. *Place of Birth, (Street and Number)*	26 Port Street
5. *Full Name of Mother,*	Gertrude Becker
6. *Mother's Maiden Name,*	Mattler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Conrad Becker
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Kroon Midwife
Address,	1922 E Fayette Street
Remarks,	

8470006693

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 86308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 30th 1891
4. *Place of Birth, (Street and Number)*	1818 Hope St.
5. *Full Name of Mother,*	Maggie Mooney
6. *Mother's Maiden Name,*	" Murphy
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Frank Mooney
9. *Father's Occupation*	Stone-Mason
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. Jefferis Bruce
Address,	1051 Aisquith St.
Remarks,	

8970006694

Wm. J. C. Dulany Co,. City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 86309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 30th, 1897
4. *Place of Birth, (Street and Number)*	No 1123 Hanover St,
5. *Full Name of Mother,*	Mary Hargman.
6. *Mother's Maiden Name,*	Mary Melchor
7. *Mother's Birthplace,*	New York, N.Y.
8. *Full Name of Father,*	William Hargman.
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace,*	Balto, Md
Name of Medical Attendant, or other person who makes this Return,	Maggie A. Wilkinson
Address,	No 14 N. Eutaw St.
Remarks,	

8 4 7 0 0 0 6 6 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 86310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 Sept
4. *Place of Birth, (Street and Number)* 854 S. Bond St.
5. *Full Name of Mother,* Frances Zithovsky
6. *Mother's Maiden Name,* Charubin
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Peter Zithovsky
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pell

Address, White 838 S. Bond St.

Remarks,

8970006696

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

RETURN OF A BIRTH. 86311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 Sept.
4. Place of Birth, (Street and Number) S. Bond St. 806
5. Full Name of Mother, Katie Hučak
6. Mother's Maiden Name, Mišak
7. Mother's Birthplace, Pole
8. Full Name of Father, Rehoř Hučak
9. Father's Occupation Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 838 S. Bond St.

Remarks, 1

8970006697

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 30th
4. *Place of Birth, (Street and Number)* 336 N. Exeter St
5. *Full Name of Mother,* Rosie Selser
6. *Mother's Maiden Name,* Rosie Bass
7. *Mother's Birthplace,* Sadava Rus.
8. *Full Name of Father,* Eli Selser
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Razilia Rus.

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address, 1022 E. Lombard St.

Remarks,

8970006698

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 6-25-54

RETURN OF A BIRTH. 86313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Simon Louis 7th. Greenfield

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 30th. 1897
4. *Place of Birth, (Street and Number)* 1104 E. Lexington
5. *Full Name of Mother,* Rosa ~~Greenfield~~ Greenfield
6. *Mother's Maiden Name,* " Schlesselbach
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis ~~Greenfield~~ Greenfield
9. *Father's Occupation* Rag Peddler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, E. Boynton M.D.

Address, 125 N. Lombard.

Remarks,

8470006699

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, September 3rd 1897
4. Place of Birth, (Street and Number) 1007 Plum alley
5. Full Name of Mother, Levina Watkins
6. Mother's Maiden Name, Levina Johnson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lewis Harmon
9. Father's Occupation Laborer
10. Father's Birthplace, Kent Co Md

Name of Medical Attendant, or other person who makes this Return, Dr Williams

Address, 910 Leadenhall St

Remarks,

8970006700

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1st Sep 1897
4. *Place of Birth, (Street and Number)* 3 Castel st
5. *Full Name of Mother,* Catherine Schwartzkaupt
6. *Mother's Maiden Name,* " Kreager
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Schwartzkaupt
9. *Father's Occupation* Tanner
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N Gay st

Remarks,

8970006701

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter it shall become the duty of each and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - John Henry Vincent Schmidt

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 6th 1877
4. *Place of Birth, (Street and Number)* 1443 N Gay st
5. *Full Name of Mother,* Maggie A Schmidt
6. *Mother's Maiden Name,* " " Dyer
7. *Mother's Birthplace,* Glen Rock Pa
8. *Full Name of Father,* Joseph A Schmidt
9. *Father's Occupation,* Cigar Packer
10. *Father's Birthplace,* York Co Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N Gay st

Remarks,

8970006702

Wm J C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 8th 1897
4. *Place of Birth, (Street and Number)* 1510 N Dallas st
5. *Full Name of Mother,* Mary A Murphy
6. *Mother's Maiden Name,* " " Haddenal
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Thomas P Murphy
9. *Father's Occupation* Pipe Moulder
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N Gay st

Remarks,

8970006703

Wm. J. C. Dulany Co,. City Printers and Stationers.

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 18 September
4. *Place of Birth, (Street and Number)* 757 Vine St
5. *Full Name of Mother,* Mary J. Thomas
6. *Mother's Maiden Name,* Mary J. Thomas
7. *Mother's Birthplace,* Baltimore M D
8. *Full Name of Father,* George Braxton
9. *Father's Occupation* work in market
10. *Father's Birthplace,* St Marys County

Name of Medical Attendant, or other person who makes this Return, Jane Sims

Address, 640 Ruberg St

Remarks,

8 9 7 0 0 0 6 7 0 4

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 11th 1897
4. *Place of Birth, (Street and Number)* 301 S. Gilmor St.
5. *Full Name of Mother,* Mary Feather
6. *Mother's Maiden Name,* Schafer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William H. Feather
9. *Father's Occupation* Restaurant Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, John Neff M.D.

Address,

Remarks,

8970006705

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1-

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (~~if not of the white race~~)* Colored
3. *Date of Birth,* Sept 19-1897- at 1/4 o'clock Pm
4. *Place of Birth, (Street and Number)* 218 Durham Street-
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Tenia M. Young
7. *Mother's Birthplace,* Dorchester County - Md
8. *Full Name of Father,* Oliver Brown
9. *Father's Occupation* Lumber Hand
10. *Father's Birthplace,* Richmond county - V.a.

Name of Medical Attendant, or other person who makes this Return, Josephine Amos - Cooper

Address, 520 Shuter Court

Remarks, Mother - son are well

Balto City Md

8970006706

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept. 13th 1897
4. *Place of Birth, (Street and Number)* 1027 Rice St.
5. *Full Name of Mother,* Marie Hamilton
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* William T. Hamilton
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return, John Neff M.D.

Address, 1011 Canadian Ave

Remarks,

8970006707

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

86322

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept. 4th 1897
4. *Place of Birth, (Street and Number)* 228 N. High st.
5. *Full Name of Mother,* Bessie Sakolsky
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Max Sakolsky
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970006708

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether male or female),* Male ✓
2. *Race or Color (if not of the white race),* White ✓
3. *Date of Birth,* Sept. 10. 1897 ✓
4. *Place of Birth (Street and Number),* 305 E. Preston st ✓
5. *Full Name of Mother,* Lena Collins ✓
6. *Mother's Maiden Name,* Lena Biggs ✓
7. *Mother's Birthplace,* Baltimore ✓
8. *Full Name of Father,* Louis B. Collins ✓
9. *Father's Occupation,* Freight conductor ✓
10. *Father's Birthplace,* N. Carolina ✓

Name of Medical Attendant, or other person who makes this Return. W. D. Thomas, M.D.

Address, 611 Carrollton Ave

Remarks, Please mail me Envelope

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

8970006709

GIVEN NAME ADDED 12-29-65

RETURN OF A BIRTH 86324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William John Huber

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 11, 1897
4. Place of Birth, (Street and Number) 2010 E. Preston St.
5. Full Name of Mother, Carrie Huber
6. Mother's Maiden Name, " Hall
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Huber
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Walter W. White, M.D.

Address, 1101 N Broadway

Remarks, Sep 12 1897 Dr. C. H. Jones

8 9 7 0 0 0 6 7 1 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1236.]

RETURN OF A BIRTH. 86 325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 of September 1897
4. Place of Birth, (Street and Number) 915 N Durham str
5. Full Name of Mother, Jousefina Filip
6. Mother's Maiden Name, Jousefina Brona
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Tham Filip
9. Father's Occupation Thailor
10. Father's Birthplace, Bohimen

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1010 Durham str

Remarks, 8 9 7 0 0 0 6 7 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 12th 1897
4. *Place of Birth, (Street and Number)* #1228 Bayard Street
5. *Full Name of Mother,* Emma Ijams
6. *Mother's Maiden Name,* Emma Warren
7. *Mother's Birthplace,* anarundel county Md
8. *Full Name of Father,* Wm Henry Ijams
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* anarundel County Md

Name of Medical Attendant, or other person who makes this Return, Mrs Gracy Harris

Address, #818 Stock Holam St.

Remarks,

8 9 7 0 0 0 6 7 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Cuw

RETURN OF A BIRTH 86327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Edwin A. Rommel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 13, 1897
4. *Place of Birth, (Street and Number)* 572 1/2 N. Gay St.
5. *Full Name of Mother,* Louisa Rommel
6. *Mother's Maiden Name,* " Benecke
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frederick Rommel
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Walter W. White, M.D.

Address, 1101 N. Broadway

Remarks,

8970006713

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 13 1897
4. *Place of Birth, (Street and Number)* 1403 Eff[illegible] St
5. *Full Name of Mother,* Sarah Goldsmith
6. *Mother's Maiden Name,* L. Rosenstein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Ben. Goldsmith
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 25 Lloyd St

Remarks,

8970006714

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 13 1897
4. *Place of Birth, (Street and Number)* 530 Calvet St
5. *Full Name of Mother,* Bettie Moserovitz
6. *Mother's Maiden Name,* B. Glasser
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Ben Moserovitz
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 25 Lloyd St

Remarks,

18970006715

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

GIVEN NAME ADDED 1-14-57

RETURN OF A BIRTH. 86 330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Reuben Stamler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Sept 14 1897
4. *Place of Birth, (Street and Number)* 109 E. Biddle St
5. *Full Name of Mother,* Annie Stambler
6. *Mother's Maiden Name,* A Lannowitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abe Stambler
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finkelstein

Address, 25 S Lloyd St

Remarks,

8970006716

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

CERTIFICATE AMENDED 4/22/68

RETURN OF A BIRTH. 86331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: THERESA MERVIS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 14 1897
4. *Place of Birth, (Street and Number)* 237 S. Highst
5. *Full Name of Mother,* Fannie ~~Mervovitz~~ MERVIS
6. *Mother's Maiden Name,* Ginssberg
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac ~~Mervovitz~~ MERVIS
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finsberg

Address, 25 Lloyd St

Remarks,

8970006717

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sep 14 '97
4. *Place of Birth, (Street and Number)*	719 E Chase St
5. *Full Name of Mother,*	Clara Frances Woods
6. *Mother's Maiden Name,*	" " Chilcoat
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Jno. H. Woods
9. *Father's Occupation*	Produce dealer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
Address,	1601 N Broadway
Remarks,	

8970006718

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 86333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Female ~~Colored~~
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 15, 1897
4. *Place of Birth, (Street and Number)*	29 N Washington St, Ea.
5. *Full Name of Mother,*	Sarah L. Knowles
6. *Mother's Maiden Name,*	" " Severson
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	Albert Knowles
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Walter W. White, M.D.
Address,	1101 N. Broadway
Remarks,	

8970006719

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

M 1236.]

RETURN OF A BIRTH. 86334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 15 1897
4. *Place of Birth, (Street and Number)* 68 Market Space
5. *Full Name of Mother,* Fannie Yanofsky
6. *Mother's Maiden Name,* Max
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Max Yanofsky
9. *Father's Occupation* Match maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 25 Lloyd St

Remarks,

8 9 7 0 0 0 6 7 2 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1233.]

RETURN OF A BIRTH. 86335

GIVEN NAME ADDED 8-28-64

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Ella Barbara Kolomaznik

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 of September 1897
4. Place of Birth, (Street and Number) 902 N Durham st
5. Full Name of Mother, Irie Kolomaznik
6. Mother's Maiden Name, Irie Kaplan
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Jos Kolomaznik
9. Father's Occupation Shoe maker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1011 Durham st

Remarks,

8970006721

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of shall occur without the attendance of a physician or practitioner of mi attendance upon the mother, immediately thereafter it shall become child to report its birth to the Commissioner of Health, in the manner any such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as

1236.]

RETURN OF A BIRTH. 86 336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 of September
4. *Place of Birth, (Street and Number)* 2107 E North Ave
5. *Full Name of Mother,* Emma Cathrween Griffin
6. *Mother's Maiden Name,* Emma Cathrween Harman
7. *Mother's Birthplace,* Balti City
8. *Full Name of Father,* Robert Griffin
9. *Father's Occupation* Plaster
10. *Father's Birthplace,* Balti City

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1010 Durham ok

Remarks,

8 9 7 0 0 0 6 7 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as far as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 17 1897
4. Place of Birth, (Street and Number) 101 S Exeter St
5. Full Name of Mother, Sarah Shoeman
6. Mother's Maiden Name, Sarah Michelson
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Shoeman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 25 Lloyd St

Remarks,

1 8 9 7 0 0 0 6 7 2 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 10 2 dau

1. *Sex,* (*state whether male or female*) male

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* 19th day of September

4. *Place of Birth,* (*Street and Number*) Baltimore 1033 Greenmount ave

5. *Full Name of Mother,* Mrs Katie E. Whittemore

6. *Mother's Maiden Name,* Katie E. Richards

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William R. Whittemore

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Wooden

Address, 10 and East Hoffman st

Remarks, Full name of child Joseph O. Whittemore born Oct 16-1895

Mrs Katie E. White 8 9 7 0 0 0 6 7 2 4

Mother

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 19th 1897
4. *Place of Birth, (Street and Number)* 1414 Carroll St
5. *Full Name of Mother,* Mrs Isaac Wm Gipson
6. *Mother's Maiden Name,* Josephine E Campson
7. *Mother's Birthplace,* East Newmarket Md
8. *Full Name of Father,* Isaac Wm Gipson
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Westminster Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs Grace Harris

Address, 818 Stockholm St

Remarks,

8970006725

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 21 1897
4. *Place of Birth, (Street and Number)* 821 E Pratt St
5. *Full Name of Mother,* Esther Schwartzman
6. *Mother's Maiden Name,* E. Gann
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Schwartzman
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finkelstein

Address, 25 Lloyd St

Remarks,

8970006726

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 21 1897
4. *Place of Birth, (Street and Number)* 917 E Lombard
5. *Full Name of Mother,* Sarah Chite
6. *Mother's Maiden Name,* Burkum
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Ike Chite
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 25 Lloyd St

Remarks,

1 8 9 7 0 0 0 6 7 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH A-86 342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Charles Wm. Fairbank Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept, 22nd, 1897
4. *Place of Birth, (Street and Number)* 707 N. Howard St.
5. *Full Name of Mother,* Emma Fairbanks
6. *Mother's Maiden Name,* Emma Gisnil
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* James Fairbanks
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Talbot Co. Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.,

Address, S.W. Cor. Calvert & Preston Sts.

Remarks, Given name added from school record + family bible record by Docuquest file

Oct. 26, 1948 Miller, Clerk

8 9 7 0 0 8 5 7 2 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 86343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 24/97
4. *Place of Birth, (Street and Number)* 126 N Mount St
5. *Full Name of Mother,* Alice Gray
6. *Mother's Maiden Name,* Alice Bell
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Dan Gray
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. J. C. Shinn M.D.

Address, 253 N Carey St

Remarks,

1 8 9 7 0 0 0 6 7 2 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Comptissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86 344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25th September
4. *Place of Birth, (Street and Number)*	1003 E. Hoffman St
5. *Full Name of Mother,*	Ella McVey
6. *Mother's Maiden Name,*	Gruetzmacher
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James M. McVey
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Balto County
Name of Medical Attendant, or other person who makes this Return,	Mrs Sarah Wooden
Address,	1000 E. Hoffman St
Remarks,	

1897000 6730

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 86345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 26 97
4. Place of Birth, (Street and Number) 1100 Orleans St
5. Full Name of Mother, Mary Livingston
6. Mother's Maiden Name, Mary Bellman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry C. Livingston
9. Father's Occupation, Collector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wolfe C. Eisenberg MD

Address, 1514 Orleans St

Remarks,

8970006731

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

1236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 27 1897
4. *Place of Birth, (Street and Number)* 121 Nar Eutaw St
5. *Full Name of Mother,* Sophia Silverstein
6. *Mother's Maiden Name,* Raslein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Philoph Silverstein
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finsberg

Address, 25 Floyd St

Remarks,

8 4 7 0 0 0 6 7 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 88347

GIVEN NAME ADDED 10/4/66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: August Harry Hickey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 28, 1897
4. Place of Birth, (Street and Number)	1744 E. Eager St
5. Full Name of Mother,	Annie Hickey
6. Mother's Maiden Name,	" Brunker
7. Mother's Birthplace,	Baltimore, Md.
8. Full Name of Father,	Frank Hickey
9. Father's Occupation,	Drummer
10. Father's Birthplace,	Chicago
Name of Medical Attendant, or other person who makes this Return.	Walter H. White, M.D.
Address,	1101 N. Broadway
Remarks,	

8970006733

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 86348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 28 97
4. *Place of Birth, (Street and Number)* 1828 Canton ave
5. *Full Name of Mother,* Emma Geiger
6. *Mother's Maiden Name,* " Quasney
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chas Geiger
9. *Father's Occupation,* Ship Fireman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dolph C. Eisenberg MD

Address, 1514 Orleans St

Remarks,

8970006734

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

[illegible] shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

1236.]

RETURN OF A BIRTH. 86349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,

1. *Sex, (state whether male or female)* Female - Mary Purnell Gould
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Tuesday Sept, 28th, 1897.
4. *Place of Birth, (Street and Number)* Bloomingdale Ave, South Walbrook.
5. *Full Name of Mother,* Grace Purnell Gould.
6. *Mother's Maiden Name,* Grace Purnell.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Clarendon J. T. Gould.
9. *Father's Occupation* Lawyer.
10. *Father's Birthplace,* Canada.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.,

Address, S. W. Cor. Calvert & Preston Sts

Remarks, Full given name of child added by father.

Clarendon J. T. Gould 8 9 1 6 0 8 E. Wehr 7 3 5 Birth Index Clerk

Fathr June 18-1929.

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 29th
4. *Place of Birth, (Street and Number)* Presbery St 1607
5. *Full Name of Mother,* Annie M Kauffman
6. *Mother's Maiden Name,* Annie M Hollinger
7. *Mother's Birthplace,* East Berlin Adams Co. Pa.
8. *Full Name of Father,* Daniel W Kauffman
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* York Co Pa

Name of Medical Attendant, or other person who makes this Return, Mrs. M. J. Shockey

Address, 731 Cumberland St

Remarks,

8970006736

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 30 th 1897
4. Place of Birth, (Street and Number) 1712 Belair Ave
5. Full Name of Mother, Mamie Witman
6. Mother's Maiden Name, Mamie Weaner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Kenny Witman
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs ~~E~~ K Bruns

Address, 1610 N. Wolf st

Remarks,

8 9 7 0 0 0 6 7 3 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 30th
4. *Place of Birth, (Street and Number)* 1557 ½ Gilmor St. Balto.
5. *Full Name of Mother,* Julia Compton
6. *Mother's Maiden Name,* Julia Lentiski
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Md. Richard Compton
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Dr. L. Stockley

Address, 731 Cumberland St

Remarks,

1897 0006738

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the case of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 86353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7te

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 19 Jan September 1897
4. Place of Birth, (Street and Number) 59 Monroe Street
5. Full Name of Mother, Kathe Bachmann
6. Mother's Maiden Name, Wiegand
7. Mother's Birthplace, Germany
8. Full Name of Father, Georg Bachmann
9. Father's Occupation Bricklayer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Anna Benchelt

Address, 1914 W. Pratt St.

Remarks,

8 9 7 0 0 0 6 7 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 86354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 19 ten 1897
4. *Place of Birth, (Street and Number)* 2119 Calvert Road
5. *Full Name of Mother,* Lina Sehlein
6. *Mother's Maiden Name,* geb. Messinger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Heinrich Sehlein
9. *Father's Occupation* Schoemacker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Bruchelt

Address, 1914 W. Pratt Street

Remarks,

8970006740

Wm. J. C. Dulany Co., City Printers and Stationers.

...ndith, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH: 86 355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 30. 1897
4. *Place of Birth, (Street and Number)* 206 Exeter St.
5. *Full Name of Mother,* Lena Brodie
6. *Mother's Maiden Name,* " Miller
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harris Brodie
9. *Father's Occupation* Hebrew Teacher.
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Hers E Scherman

Address, 42 Albemarle St.

Remarks,

8 9 7 0 0 0 6 7 4 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

86356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 1st 1897
4. *Place of Birth, (Street and Number)* 2056 E Eager St.
5. *Full Name of Mother,* Emma M. Hiehl
6. *Mother's Maiden Name,* Porter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward C. Hiehl
9. *Father's Occupation* Butter Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, S. W. Seldner

Address, 1001 E. Eager St.

Remarks,

1 8 9 7 0 0 0 6 7 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

S 16357

RETURN OF A BIRTH. ~~83657~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Children

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Sept 2nd 1897

4. *Place of Birth, (Street and Number)* Laurel Cemetery

5. *Full Name of Mother,* Emma D. Gistance

6. *Mother's Maiden Name,* Emma D. Young

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Samuel Randall Gistance

9. *Father's Occupation* Grave Digger

10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return, Non Known

Address, # 1016 16. Chapel ct

Remarks,

8 9 7 0 0 0 6 7 4 3

(Its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of

1236.]

RETURN OF A BIRTH. 86358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 6th 1897
4. *Place of Birth, (Street and Number)* 11 N. Bond St
5. *Full Name of Mother,* Susan A. Cammann
6. *Mother's Maiden Name,* Shephard
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Wm. A. Cammann
9. *Father's Occupation* Book Binder
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, J. W. Saldner

Address, 1501 E. Eager St.

Remarks,

8970006744

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH.

86359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 8th 1897
4. *Place of Birth, (Street and Number)* 1917 E. Biddle St.
5. *Full Name of Mother,* Augusta Grolock
6. *Mother's Maiden Name,* Fischer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gustav C. Grolock
9. *Father's Occupation* Milkman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, S. W. Seldner

Address, 1001 E. Eager St

Remarks,

8 9 7 0 0 0 6 7 4 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) N

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 8th 1897
4. *Place of Birth, (Street and Number)* 2506 E. North Ave
5. *Full Name of Mother,* Emma Kress
6. *Mother's Maiden Name,* Helldorfer
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Edward Kress
9. *Father's Occupation* Florist
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, J. B. Schwatka M. D.

Address, 1003 N. B'way

Remarks,

8970006746

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 86361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 9th 1897

4. *Place of Birth, (Street and Number)* 2002 E Biddle St

5. *Full Name of Mother,* Anna M. Neukeiser

6. *Mother's Maiden Name,* Wiesman

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Jos. B. Neukeiser

9. *Father's Occupation* Salesman

10. *Father's Birthplace,* Balto. County.

Name of Medical Attendant, or other person who makes this Return, J. N. Feldner

Address, 1001 E. Eager St.

Remarks,

8970006747

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

RETURN OF A BIRTH.

86362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 6th 1897
4. *Place of Birth, (Street and Number)*	729 Lisquith St
5. *Full Name of Mother,*	Alice Leonard
6. *Mother's Maiden Name,*	Mc Glone
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Leonard
9. *Father's Occupation*	Moulder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	S. W. Selduer
Address,	1007 E. Eager St.
Remarks,	

8 9 7 0 0 0 6 7 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

86363

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 12, 1897.
4. Place of Birth, (Street and Number) No. 343 Fillmore street
5. Full Name of Mother, Mary E. Suter
6. Mother's Maiden Name, Mary E. Milbourne
7. Mother's Birthplace, Maryland.
8. Full Name of Father, William H. Suter
9. Father's Occupation Burnisher
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, This birth is reported by request. Did not attend. A. A. C.

18970006749

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Absalom Berry	4
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	September 13th 1897
4. *Place of Birth, (Street and Number)*	309 Montgomery st
5. *Full Name of Mother,*	Agnes Roberts
6. *Mother's Maiden Name,*	Agnes Berry
7. *Mother's Birthplace,*	Eastern Shore Va.
8. *Full Name of Father,*	William H. Lewis
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Prince George County Md
Name of Medical Attendant, or other person who makes this Return,	Mary Baker
Address,	811 W yorkst
Remarks,	Other returns John J. Ellis

+ 8 9 7 0 0 0 6 7 5 0

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

86365

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 20th 1897
4. Place of Birth, (Street and Number) 1844 Lorman st
5. Full Name of Mother, Lena Blank
6. Mother's Maiden Name, Lena Redinger
7. Mother's Birthplace, Balto
8. Full Name of Father, Fred Blank
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs A Meisenzahl

Address, 524 Wilson st

Remarks,

8970006751

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1236.]

RETURN OF A BIRTH.

86366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 20 th 1897
4. *Place of Birth, (Street and Number)* 120 Madison St.
5. *Full Name of Mother,* Lizzie Kessel
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bearmen
8. *Full Name of Father,* James Kessel
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Bearmen

Name of Medical Attendant, or other person who makes this Return, Mary Kopetis

Address, 265 N Washington St

Remarks,

8970006752

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED: 10-5-62

RETURN OF A BIRTH.

86367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: M'Liss Aileen Partridge

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) white —
3. Date of Birth, September 21st 7.97
4. Place of Birth, (Street and Number) 522 - Robert St
5. Full Name of Mother, Nellie Albaugh Partridge
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles W. Partridge
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John H. Grimes Md.

Address, 2100 - Md Ave

Remarks,

8970006753

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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1236.]

RETURN OF A BIRTH.

86368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 21 A 1897
4. *Place of Birth, (Street and Number)* 930 Chapel St.
5. *Full Name of Mother,* Sophia Handles
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Handles
9. *Father's Occupation* Bricklawyer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopts

Address, 205 N Washington St

Remarks,

8970006754

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH.

86369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 22 A 1897.
4. *Place of Birth, (Street and Number)* 2431 Monument St
5. *Full Name of Mother,* Mannie Biedenbach
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Biedenbach
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Foster

Address, 205 N Washington St

Remarks,

1 8 9 7 0 0 0 6 7 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

86370

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 22 th 1897
4. Place of Birth, (Street and Number) 729 Chester St
5. Full Name of Mother, Sofie Rupel
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Edward Rupel
9. Father's Occupation Taylor
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Kopitz

Address, 205 N Washington St

Remarks,

8970006756

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1236.]

96371

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* White

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 22 Sept 1897

4. *Place of Birth, (Street and Number)* 518 Chapel St

5. *Full Name of Mother,* Annie Burton

6. *Mother's Maiden Name,* Brannan

7. *Mother's Birthplace,* Frank Burton

8. *Full Name of Father,* Tailor

9. *Father's Occupation* Brannan

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mary Burton

Address, 945 N Washington St

Remarks,

8970006757

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. S6372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 27th 1897
4. Place of Birth, (Street and Number) 2012 E. Preston St
5. Full Name of Mother, Kate Hellinger
6. Mother's Maiden Name, Lindemann
7. Mother's Birthplace, Newport Ky
8. Full Name of Father, Georg E Hellinger
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. W. Seldner

Address, 1507 E. Eager St.

Remarks,

8970005758

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Sept. 25 1897
4. *Place of Birth, (Street and Number)*	155 Harrison St Baltimore
5. *Full Name of Mother,*	Julia Levy
6. *Mother's Maiden Name,*	Julia Margolis
7. *Mother's Birthplace,*	Airberg Russia
8. *Full Name of Father,*	Joseph Margolis
9. *Father's Occupation*	Bresser
10. *Father's Birthplace,*	Siniyia Russia
Name of Medical Attendant, or other person who makes this Return,	Self wife Esta Cohen
Address,	1216 N. Eden Ave St Baltimore
Remarks,	Mother and Child are well

8 7 7 0 0 0 6 7 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	September 26 97 Low St
4. *Place of Birth, (Street and Number)*	1141 Low St Baltimore
5. *Full Name of Mother,*	Sara Goldstein
6. *Mother's Maiden Name,*	Sara Lewison
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Sam Goldstein
9. *Father's Occupation*	Glokmaker
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return,	Eva Eaton Midwife
Address,	1216 McElderry St Baltimore
Remarks,	Mother & Child well

1 8 9 7 0 0 0 6 7 6 0

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The name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236.]

Health. This schedule shall contain a list of the births which have occurred since the last day of the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

~~86377~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

86375

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 20 AM 1897
4. Place of Birth, (Street and Number) 2919 E Monument St
5. Full Name of Mother, Annie Bessler
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Bernard Bessler
9. Father's Occupation Taylor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopter

Address, 205 N Washington St

Remarks,

8 9 7 0 0 0 6 7 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

86376

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 27 1897
4. Place of Birth, (Street and Number) 633 W. Franklin
5. Full Name of Mother, Ada Mai Edgett
6. Mother's Maiden Name, Molloy
7. Mother's Birthplace, Balto
8. Full Name of Father, A. R. Edgett
9. Father's Occupation Clerk
10. Father's Birthplace, Penna

Name of Medical Attendant, or other person who makes this Return, J. B. Schwatka M. D.

Address, 1003 N. Dwy

Remarks,

8970005762

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

86377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 27 1897
4. *Place of Birth, (Street and Number)* 998 Falls Rode
5. *Full Name of Mother,* Alice Viola Stokes
6. *Mother's Maiden Name,* Alice Viola Kolbe
7. *Mother's Birthplace,* Balto County
8. *Full Name of Father,* John Austin Stokes
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Martha Ring

Address, 545 Richardson city

Remarks,

8970006763

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

86378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixteen 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 28th 1897
4. *Place of Birth, (Street and Number)* 2523 Salem st
5. *Full Name of Mother,* Fannie Bryan
6. *Mother's Maiden Name,* Fannie Renalk
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James Bryan
9. *Father's Occupation* [illegible] Driver
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs A Meeresche

Address, 524 Wilson st

Remarks,

8 9 7 0 0 0 6 7 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[... 1236.]

RETURN OF A BIRTH.

86379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 28th 1897
4. *Place of Birth, (Street and Number)*	1007 E. Biddle St
5. *Full Name of Mother,*	Mary A. Panetta
6. *Mother's Maiden Name,*	Mason
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Ernest P. Panetta
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	J. W. Lebherz
Address,	1001 E. Eager St.
Remarks,	

8970006765

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. Recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

$6380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child.
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	wite. Hebrew.
3. *Date of Birth,*	Sept. 28 1917
4. *Place of Birth, (Street and Number)*	1132 Low St Baltimore
5. *Full Name of Mother,*	Ray Lindenberg
6. *Mother's Maiden Name,*	Ray Salander
7. *Mother's Birthplace,*	Krakau Calizan
8. *Full Name of Father,*	Rubin Lindenberg
9. *Father's Occupation*	Backer
10. *Father's Birthplace,*	Brussia
Name of Medical Attendant, or other person who makes this Return,	Mitwife Eva Cohen
Address,	1216 N. Eldery St Baltimore
Remarks,	Mother and Child well

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name, description of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970006766

Wm. J. C. Dulany Co., City Printers and Stationers.

[...M 1236.]

86381

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 28th 1897
4. *Place of Birth, (Street and Number)* 1502 Division st
5. *Full Name of Mother,* Annie Tighe
6. *Mother's Maiden Name,* Annie Sweeney
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Frank Tighe
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs A Meserzehl

Address, 524 Wilson st

Remarks,

8970006767

Wm. J. C. Dulany Co., City Printers and Stationers.

[...] month, and shall set forth as far as th[...] can be ascertained [...] of [...] shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

86382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 29th 1897
4. Place of Birth, (Street and Number) 2124 Mount Royal Av
5. Full Name of Mother, Florence Estelle Henley
6. Mother's Maiden Name, Welsh, (Widow of G F Welsh)
7. Mother's Birthplace, Essex County Va
8. Full Name of Father, Bernard Walker Henley
9. Father's Occupation, Farmer
10. Father's Birthplace, Essex Co Va

Name of Medical Attendant, or other person who makes this Return, E. W. Free

Address, 602 North Carey st

Remarks, The parties live in Essex co Va Mrs Henley is only here - at her Mothers (Mrs Capt Booth) for confinement

8 9 7 0 0 0 6 9 6 8

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

86383

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 29th 1897
4. *Place of Birth, (Street and Number)* 19 N. Howard St.
5. *Full Name of Mother,* Ellen R. Finks
6. *Mother's Maiden Name,* Farmer
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Philip Finks
9. *Father's Occupation* Restaurateur
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, J. W. Seldner

Address, 1001 E. Eager St.

Remarks,

8 9 7 0 0 0 6 7 6 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 30th 1897
4. *Place of Birth, (Street and Number)* Gatonsville
5. *Full Name of Mother,* Annie Schultz
6. *Mother's Maiden Name,* Annie Blasiney
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Fred Schultz
9. *Father's Occupation* Plasterer
10. *Father's Birthplace,* Gatonsville

Name of Medical Attendant, or other person who makes this Return, Chas H Quesenberry

Address, 527 Wilson St

Remarks,

8970006770

Wm. J. C. Dulany Co., City Printers and Stationers.

which have occurred under his or her care during the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86386'

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 11, 1897
4. *Place of Birth, (Street and Number)* 830 N. Chester St.
5. *Full Name of Mother,* Anna Eva Stein
6. *Mother's Maiden Name,* " " Gebelein
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Com. J. Stein
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Manchester, Virg.a

Name of Medical Attendant, or other person who makes this Return, G. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

8970006771

Wm. J. C. Dulany Co., City Printers and Stationers.

Been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 11. 1897
4. *Place of Birth, (Street and Number)* 1828 N. Caroline St.
5. *Full Name of Mother,* Kate Krebs Axer
6. *Mother's Maiden Name,* " " Gardner
7. *Mother's Birthplace,* Annapolis, Md.
8. *Full Name of Father,* Wm. Crittenden Axer
9. *Father's Occupation* Minister of Gospel
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, J. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

8 9 7 0 0 0 6 7 7 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 26. 97
4. Place of Birth, (Street and Number) 1033 Fremont Ave.
5. Full Name of Mother, Kate T. Woodrow
6. Mother's Maiden Name, " " Cain
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Volney Van Woodrow
9. Father's Occupation Barber
10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, G. A. Hartman M.D.

Address, 1121 N. Carlton St.

Remarks,

8 9 7 0 0 0 6 7 7 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 27. 1897
4. Place of Birth, (Street and Number) 1615 N Broadway
5. Full Name of Mother, Catherine Blanche Moran
6. Mother's Maiden Name, " " Welham
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Richard T. Moran Jr.
9. Father's Occupation Engineer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N Caroline St.

Remarks,

8 9 7 0 0 0 6 7 7 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Second~~ Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White - German
3. Date of Birth, September 29, 1897
4. Place of Birth, (Street and Number) 1513 N. Washington St
5. Full Name of Mother, Pfeiffer
6. Mother's Maiden Name, Yaeger
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, George Pfeiffer
9. Father's Occupation, Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. F. Masterey

Address, 1707 N. Carolina St.

Remarks,

8970006775

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 29. '97
4. *Place of Birth, (Street and Number)*	29 S. Jay St.
5. *Full Name of Mother,*	Emma M. Mowbray
6. *Mother's Maiden Name,*	" " Jones
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	E. Bruno Mowbray
9. *Father's Occupation*	Restaurateur
10. *Father's Birthplace,*	Berlin, Germany
Name of Medical Attendant, or other person who makes this Return,	EA Hartman MD.
Address,	1121 N. Caroline St.
Remarks,	

8 4 7 0 0 0 6 7 7 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

12361

86391

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 3 Sept.
4. Place of Birth, (Street and Number) th 513 Forest st.
5. Full Name of Mother, Anna Knoepp
6. Mother's Maiden Name, Schuh
7. Mother's Birthplace, Balt.
8. Full Name of Father, Charles Henoepp
9. Father's Occupation Cashier
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Cent Av.

Remarks, 8970006777

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 86392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 5/97
4. *Place of Birth, (Street and Number)* 626 W Lee St
5. *Full Name of Mother,* Sarah J Langeletty
6. *Mother's Maiden Name,* " " Fisher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Godfrey Langeletty
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos. M. Lampkin MD

Address, 412 S. Paca St.

Remarks,

8970006778

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

86393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 5/97
4. *Place of Birth, (Street and Number)* 524 W. Conway St.
5. *Full Name of Mother,* Emma C Wasserman
6. *Mother's Maiden Name,* " " Baily
7. *Mother's Birthplace,* Calvert Co Md.
8. *Full Name of Father,* Oscar C Wasserman
9. *Father's Occupation* Diner
10. *Father's Birthplace,* Md
11. *Name of Medical Attendant, or other person who makes this Return,* Thos McLaughlin
12. *Address,* 412 E. Pratt St
13. *Remarks,*

8970006779

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 11th 1897
4. *Place of Birth, (Street and Number)* 213 Mosher St
5. *Full Name of Mother,* Mary W. Traynor
6. *Mother's Maiden Name,* Mary Walker
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* James H. Traynor
9. *Father's Occupation,* Confectioner
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return, Thos. P. McConnick M.D.

Address, 1421 Eutaw Place

Remarks,

1897 0006780

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

86396

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. Sept. 19. 1897
4. Place of Birth, (Street and Number) 407. Stricker St.
5. Full Name of Mother, Frances Catherine Spicknal
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Lower Marlboro - Calvert Co.
8. Full Name of Father, John W. Spicknall
9. Father's Occupation, Carpenter
10. Father's Birthplace, Lower Marlboro. Calvert Co.

Name of Medical Attendant, or other person who makes this Return H J Evans

Address, N E Carey & Fayette St.

Remarks,

1 8 9 7 0 0 0 6 7 8 1

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

86396

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) one 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sep 28 1897
4. Place of Birth, (Street and Number) #732 hanover
5. Full Name of Mother, Fkornel E Phelps
6. Mother's Maiden Name, " " McGinn
7. Mother's Birthplace, Texas wash contry
8. Full Name of Father, George R Phelps
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Carefvill va

Name of Medical Attendant, or other person who makes this Return, Luise handford

Address, #601 stone broker court

Remarks, 1 8 9 7 0 0 0 6 7 8 2

Wm J C Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

8689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 16 97
4. Place of Birth, (Street and Number) N. E. Cor Bridle & Cathedral
5. Full Name of Mother, Flora Margaret Paton Hadley
6. Mother's Maiden Name, "
7. Mother's Birthplace, New Orleans, La.
8. Full Name of Father, Stuart Paton
9. Father's Occupation, Physician
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. J. Whitridge Williams

Address, 112 Cathedral St.

Remarks,

1897000067783

Health. The number of years as far as the same can be ascertained the full name of each child; the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child; the date and place of birth; and the full name and occupation of its parents, the date of a certificate between the first and been conferred) its sex, color, the full name and occupation of its parents, the date of a certificate between the first and practitioner in the form of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of Health, or should no other person be in office of the Commissioner of Health, or should no other person be in third day of each and every month, to the office of the Commissioner of midwifery, of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such attendance of a physician or practitioner it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 86398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	~~White~~ Colored
3. *Date of Birth,*	Sept 14/97
4. *Place of Birth, (Street and Number)*	1849 Hanford Ave
5. *Full Name of Mother,*	Maud Goldsborough
6. *Mother's Maiden Name,*	Amos
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Saml Goldsborough
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	M B. Billingslea
Address,	1206 E. Preston St
Remarks,	

8 9 7 0 0 0 6 7 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH.

86379

To the Office of Registrar of Vital Statistics, Board of Health, Ba[illegible]ore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20 September 1897
4. *Place of Birth, (Street and Number)* 1039 Ensor st.
5. *Full Name of Mother,* Kate Berger
6. *Mother's Maiden Name,* " Boedicher
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Fred. Boeddicher
9. *Father's Occupation* "
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 W Cent Av.

Remarks,

8970006785

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 86400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 20 September 1897
4. Place of Birth, (Street and Number) 1322 Lanvale st
5. Full Name of Mother, Harriet Westphal
6. Mother's Maiden Name, Tabeling
7. Mother's Birthplace, Balt.
8. Full Name of Father, John Westphal
9. Father's Occupation
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 W Cold Avenue

Remarks,

8970006786

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH.

~~86409~~
86401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

86401

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 Sept. 1897
4. Place of Birth, (Street and Number) 1131 Central Av.
5. Full Name of Mother, Keate Trageser
6. Mother's Maiden Name, Rennert
7. Mother's Birthplace, Balt.
8. Full Name of Father, John Trageser
9. Father's Occupation Taylor
10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return Anna Walter

Address, 928 W Cent Av.

Remarks,

8 9 7 0 0 0 6 7 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Over

86402

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edward Thieme

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 Sept. 1897
4. Place of Birth, (Street and Number) 1302 Hisquith st
5. Full Name of Mother, Mary (Maria) Thieme
6. Mother's Maiden Name, Schmitt
7. Mother's Birthplace, Balt.
8. Full Name of Father, August Thieme
9. Father's Occupation
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 W Cent Av.

Remarks,

8 9 7 0 0 0 6 7 8 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 86403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex,* (*state whether male or female*) boy

2. *Race or Color,* (*if not of the white race*)

3. *Date of Birth,* 13 Sept. 1897

4. *Place of Birth,* (*Street and Number*) 1309 Eager st

5. *Full Name of Mother,* Sophie Etzel Brown

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Balt

8. *Full Name of Father,* Joseph Etzel

9. *Father's Occupation* Bell.

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 W Central Av.

Remarks,

1897000 6789

been conferred) its sex, color, the full name and occupation of each parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 86404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 3

1. *Sex, (state whether male or female)* boy

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 23 Sept. 1897

4. *Place of Birth, (Street and Number)* ~~707 East St.~~ 917 Ashland Av.

5. *Full Name of Mother,* Marie Hopkins

6. *Mother's Maiden Name,* Marie Melanie Ball.

7. *Mother's Birthplace,*

8. *Full Name of Father,* William Hopkins

9. *Father's Occupation* =

10. *Father's Birthplace,* Ball.

Name of Medical Attendant, or other person who makes this Return Anna Walker

Address, 928 N Central Av.

Remarks,

8970006790

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the third day of each and every month to the office of shall occur without the attendance of a physician or attendance upon the mother, immediately thereafter child to report its birth to the Commissioner of Health any such person or persons who shall hereafter fail to jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 8640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race)

3. Date of Birth, 14 Sept. 1897

4. Place of Birth, (Street and Number) 1401 Tholbrook st

5. Full Name of Mother, Anna Pedersen

6. Mother's Maiden Name, Heirchner

7. Mother's Birthplace, Germ.

8. Full Name of Father, Axel Pederson

9. Father's Occupation

10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 W Centl Avenue

Remarks,

8970006791

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH.

86406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Coy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8 Sept. 1897
4. *Place of Birth, (Street and Number)* 609 Central Av.
5. *Full Name of Mother,* Lizie Rolle
6. *Mother's Maiden Name,* = Thelfrich
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Emil Rolle
9. *Father's Occupation*
10. *Father's Birthplace,* Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 W Central Av.

Remarks,

8 9 7 0 0 0 6 7 9 2

[illegible] set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 20th 1897
4. Place of Birth, (Street and Number) 1129 Pinkney St 1897
5. Full Name of Mother, Mathilde Neumann
6. Mother's Maiden Name, Mathilde Glaser
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Neumann
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Eutaw St.

Remarks,

8 9 7 U 0 0 6 7 9 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

86408

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Sept. 4th 1897
4. *Place of Birth, (Street and Number)* 1714 Johnson St.
5. *Full Name of Mother,* Annie, S. Hill.
6. *Mother's Maiden Name,* Annie S. Geoghegan.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* Edward, O. Hill.
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Mary, R. Caskey.

Address, 213, E. Heath St.

Remarks, Doing well

8970006794

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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GIVEN NAME ADDED. 1-12-55

RETURN OF A BIRTH. A 86409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hilda Regina Back

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 23-97
4. Place of Birth, (Street and Number) 105 N. Fulton Ave
5. Full Name of Mother, Mary S. H. Back
6. Mother's Maiden Name, Hulshoff
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Joseph Back
9. Father's Occupation Barber
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, J. Wm Lunch Md.

Address, 105 N. FULTON AVENUE

Remarks, The above date is correct, nature overlooked at the time

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A86410 Vol 16 fol 52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th & 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 6, 1897
4. *Place of Birth, (Street and Number)* 611, N. Bradford St.
5. *Full Name of Mother,* Elizabeth Travers
6. *Mother's Maiden Name,* Elizabeth Baldwin
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* John W. Travers
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Cosey

Address, 607, N. Bradford St.

Remarks,

8970006796

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 86411 Vol 16 fol 52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept 28th 1897
4. *Place of Birth, (Street and Number)* 14 W. Eagen St
5. *Full Name of Mother,* Julia A. Dewberry
6. *Mother's Maiden Name,* Dacey
7. *Mother's Birthplace,* Lynchburg Va
8. *Full Name of Father,* Frederick Dewberry
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Hunting Donshore Eng

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Tibbs

Address, 419 Buren St

Remarks,

8970006797

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236]

RETURN OF A BIRTH. 86416.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 Oct
4. *Place of Birth, (Street and Number)* S. Dallas St 839
5. *Full Name of Mother,* Frances Trzansky
6. *Mother's Maiden Name,* Malinovska
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Valentine Trzansky
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pettl

Address, 838 S. Bond St.

8 9 7 0 0 0 6 7 9 8

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 86417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, ~~Oct 1st 1897~~ Oct 1st 1897
4. Place of Birth, (Street and Number) No. 5 Wellsley St
5. Full Name of Mother, Nellie E. Haffer
6. Mother's Maiden Name, Nellie Frazer
7. Mother's Birthplace, Philadelphia Pa
8. Full Name of Father, George Haffer
9. Father's Occupation Steamster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Velma Thomas

Address, No. 512 Frederick Ave annex

Remarks,

8970006799

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 86418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 1st 1897
4. *Place of Birth, (Street and Number)* 925 E. Monument St
5. *Full Name of Mother,* Maggie C. Oconnell
6. *Mother's Maiden Name,* " " Thornton
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* William J Oconnell
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Tibbs

Address, 719 Buren St. Balto. Md

Remarks,

8970006800

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 86419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Oct 1. 1894
4. Place of Birth, (Street and Number) 1125 Russell St
5. Full Name of Mother, Agnes Levi
6. Mother's Maiden Name, Agnes Robinson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Levi
9. Father's Occupation Butcher
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. H. Williams

Address, 910 Eden Hall St

Remarks,

8970006801

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 1st, 1897
4. *Place of Birth, (Street and Number)* 1803 Fulton Terrace
5. *Full Name of Mother,* Mary Jackson
6. *Mother's Maiden Name,* Mary Noel
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Ambrose Jackson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Catonsville

Name of Medical Attendant, or other person who makes this Return, Mary Harry

Address, 1809 Gardner St

Remarks,

8970006802

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

GIVEN NAME ADDED 1-15-60

RETURN OF A BIRTH. 86421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel V. Cure

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 1st 1897
4. *Place of Birth, (Street and Number)* 503 N Vincent Alley
5. *Full Name of Mother,* Lizzie Cure
6. *Mother's Maiden Name,* Lizzie Horsey
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George Cure
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Guilford Howard Co

Name of Medical Attendant, or other person who makes this Return, Mary Horsey

Address, 1809 Lawson St

Remarks,

8970006803

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 October 1897.
4. *Place of Birth, (Street and Number)* 115. Collington Ave
5. *Full Name of Mother,* Laura Stiemley
6. *Mother's Maiden Name,* Laura Pasquay
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Georg Stiemly
9. *Father's Occupation* Woodcarver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, 207. N. Castle St
Mrs Ida Helle.

Address,

Remarks, 1111

8 9 7 0 0 0 6 8 0 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

RETURN OF A BIRTH. 86423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 1st 1897
4. *Place of Birth, (Street and Number)* 2813 Elliott St.
5. *Full Name of Mother,* Mary Ellen Malone
6. *Mother's Maiden Name,* Kelly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Francis J. Malone
9. *Father's Occupation* Ship Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah P. Harrington

Address, 924 Benney St.

Remarks.

1 8 9 7 0 0 0 6 8 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 1st, 1897.
4. *Place of Birth, (Street and Number)* No. 840 W. Lexington St. Balto. City.
5. *Full Name of Mother,* Dora. Edel.
6. *Mother's Maiden Name,* Dora. Rieschmiller.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Henry. Edel.
9. *Father's Occupation* Teamster.
10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 No Poppleton St

Remarks,

8970006806

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 86425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st of Octbr.
4. Place of Birth, (Street and Number) 506 Clover Street.
5. Full Name of Mother, Sophie Ternau
6. Mother's Maiden Name, Blanke
7. Mother's Birthplace, Bremerhafen (Germ.)
8. Full Name of Father, Herman Ternau
9. Father's Occupation Maschinist
10. Father's Birthplace, Pyrenburg. (Germ.)

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Rehnken (Weiss)

Address, 613 s. port Street.

Remarks,

8970006807

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 86426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1 October
4. *Place of Birth, (Street and Number)* 1471 Towson St.
5. *Full Name of Mother,* Mary Kerr
6. *Mother's Maiden Name,* McDonald
7. *Mother's Birthplace,* Scotland
8. *Full Name of Father,* Edward Kerr
9. *Father's Occupation* Labour.
10. *Father's Birthplace,* Scotland.

Name of Medical Attendant, or other person who makes this Return, Forth, Mahran.

Address, 1331 Hurst Locust Point.

Remarks, 4. month Tead

8 9 7 0 0 0 6 8 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

CERTIFICATE CORRECTED 10-1-58 86427

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thecla Erhardt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 1st of Otbr. 1897
4. Place of Birth, (Street and Number) 622. s. post Street
5. Full Name of Mother, ~~Tinny~~ Erhardt, Cunnigunda
6. Mother's Maiden Name, ~~Dörfler~~ Dörfler
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Lorenz Erhardt.
9. Father's Occupation laborer
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs G. Behnken Weiss

Address, 613 s. post Street.

Remarks,

8970006809

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Mail
2. *Race or Color, (if not of the white race)*	Colad race
3. *Date of Birth,*	2 of October
4. *Place of Birth, (Street and Number)*	Walbrooke
5. *Full Name of Mother,*	Julia Sandy
6. *Mother's Maiden Name,*	Julia Crofton
7. *Mother's Birthplace,*	Essex County Va
8. *Full Name of Father,*	Moses Sandy
9. *Father's Occupation*	Nancy Business Mr davies
10. *Father's Birthplace,*	Essex County Va
Name of Medical Attendant, or other person who makes this Return,	Nancy Holmes
Address,	524 Orford Pl
Remarks,	

8 9 7 0 0 0 6 8 1 0

been contained) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

CERTIFICATE CORRECTED 2-10-56

RETURN OF A BIRTH. 86429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louisa Wieber

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 2nd 1897
4. Place of Birth, (Street and Number) No: 213 Frederick Ave
5. Full Name of Mother, Hannah Wieber
6. Mother's Maiden Name, Hannah Hoffmeister
7. Mother's Birthplace, New York
8. Full Name of Father, Frank Wieber
9. Father's Occupation Brussel Worker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No 512 Frederick Ave corner

Remarks,

8970006811

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

(236.)

RETURN OF A BIRTH. 86430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 2nd. 1897
4. Place of Birth, (Street and Number) 1247 Kenyon St.
5. Full Name of Mother, Annie Della
6. Mother's Maiden Name, Stahle
7. Mother's Birthplace, York Pa.
8. Full Name of Father, Jesse Della
9. Father's Occupation Laborer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, George L. Duane M.D.

Address, 1263 Riverside ave

Remarks,

8970006812

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH.

86431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 2nd 1897
4. *Place of Birth, (Street and Number)* 1804 Lorman St
5. *Full Name of Mother,* Mary Adelia Shaffer
6. *Mother's Maiden Name,* Mary Adelia McAllister
7. *Mother's Birthplace,* Martinsburg W. Va.
8. *Full Name of Father,* George W McAllister
9. *Father's Occupation* Electrician
10. *Father's Birthplace,* Washington D. C.

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey

Address, 1809 Lorman St.

Remarks,

8970006813

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-22-63

RETURN OF A BIRTH. 86432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mildred Hawkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday Oct 2nd 1897 (9:30 A.M.)
4. Place of Birth, (Street and Number) 412 N. Carey St
5. Full Name of Mother, Annie E. Hawkins
6. Mother's Maiden Name, Annie Gardner
7. Mother's Birthplace, Howard Co Md
8. Full Name of Father, Jos Monroe Hawkins
9. Father's Occupation Commission Merchant
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Attended Case

Address, 112 W. Baltimore St

Remarks, Baltimore Md

8970006814

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Female~~ First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 2nd 1897
4. *Place of Birth, (Street and Number)* 24 Parkin St.
5. *Full Name of Mother,* Gertrude Huesman
6. *Mother's Maiden Name,* Timothy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Francis Huesman
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, John Neff M.D.

Address, 701 N. Carrollton Ave

Remarks,

8970006815

Wm. J. C. Dulany Co., City Printers and Stationers

36]

RETURN OF A BIRTH. 86434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 3 1897
4. *Place of Birth, (Street and Number)* 2034 Light st
5. *Full Name of Mother,* Elizabeth Otto
6. *Mother's Maiden Name,* " Wise
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Otto
9. *Father's Occupation* Baltimore
10. *Father's Birthplace,* Labor

Name of Medical Attendant, or other person who makes this Return, Mid Wife

Address, Mrs Katie Lear

Remarks, No 1705 Byrd st Baltimore

8 9 7 0 0 0 6 8 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* oct. 3rd 1897
4. *Place of Birth, (Street and Number)* 313 W. Lee st Baltimore md
5. *Full Name of Mother,* Fannie Burroughs
6. *Mother's Maiden Name,* Fannie Burroughs
7. *Mother's Birthplace,* Sabbery Sommerset Co. Md.
8. *Full Name of Father,* William Burroughs
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Sabbery Sommerset co. Md.

Name of Medical Attendant, or other person who makes this Return, Sarah Thomson

Address, 213 York st

Remarks,

8 9 7 0 0 0 6 8 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, October 3, 1897
4. Place of Birth, (Street and Number) 1837 N Stricker alley
5. Full Name of Mother, Annie Sheridan
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father, Philip Sheridan
9. Father's Occupation Laborer
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, P. Eugene Craig M.D.

Address, 530 N. Arlington ave

Remarks,

8970006818

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three this is Third

1. *Sex, (state whether male or female)* Male ~~Female~~ ~~Male~~
2. *Race or Color, (if not of the white race)* ~~White~~
3. *Date of Birth,* Oct 3rd 1897
4. *Place of Birth, (Street and Number)* Baltimore 1127 W. Hollins
5. *Full Name of Mother,* Mary Ella Harrison
6. *Mother's Maiden Name,* Baumes
7. *Mother's Birthplace,* Washington D.C
8. *Full Name of Father,* Robert Danial Harrison
9. *Father's Occupation* Carpentar
10. *Father's Birthplace,* Harpers Ferry md

Name of Medical Attendant, or other person who makes this Return, Mrs O Hayes

Address, 924 Hollins St

Remarks,

1 8 9 7 0 0 0 6 8 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1315.]

RETURN OF A BIRTH. 86438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 3 1897
4. *Place of Birth, (Street and Number)* 422 Fort ave
5. *Full Name of Mother,* Louise Meyer
6. *Mother's Maiden Name,* Ulman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Otto Meyer
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarb

Address, 434 Fort ave

Remarks,

8970006820

Wm. J. C. Dulany Co,. City Printers and Stationers.

[236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86439

GIVEN NAME ADDED 11-29-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Gertrude Dayhoff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 3d 1897
4. Place of Birth, (Street and Number) No. 32 Carrol St
5. Full Name of Mother, Gussie Dayhoff
6. Mother's Maiden Name, Gussie Gardner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Dayhoff
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas.

Address, No. 512 Frederick Ave annex

Remarks,

8970006821

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 80440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 3rd 1897
4. *Place of Birth, (Street and Number)*	2007 McCulloh
5. *Full Name of Mother,*	Mollie Krueger
6. *Mother's Maiden Name,*	Mollie Maushak
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Herman Krueger
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	J. Blum M.D.
Address,	1816 Madison Ave
Remarks,	

8 9 7 0 0 0 6 8 2 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 3rd 1897
4. Place of Birth, (Street and Number) 1417 Asquith St
5. Full Name of Mother, Mary S. Muhly
6. Mother's Maiden Name, Mary S. Wittler
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Charles Wm. Muhly
9. Father's Occupation, Tinner
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Albert S Atkinson MD

Address, 1037 N Caroline St

Remarks,

8970006823

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 3d 1897
4. Place of Birth, (Street and Number) 16. E. Fort avenue
5. Full Name of Mother, Lenora . Murray
6. Mother's Maiden Name, Lenora . Jett
7. Mother's Birthplace, Cumberlan . Md
8. Full Name of Father, Thomas . Murray
9. Father's Occupation Watchmaker
10. Father's Birthplace, Spotsylvania . Co

Name of Medical Attendant, or other person who makes this Return. Ellenora E. Anderson

Address, 1434 . Patapsco . St

Remarks,

8 9 7 0 0 0 6 8 2 4

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

86443

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 3rd 1897
4. Place of Birth, (Street and Number) 1221 Pennsylvania Ave.
5. Full Name of Mother, Grace Bishop
6. Mother's Maiden Name, Grace Fitzhugh
7. Mother's Birthplace, Va.
8. Full Name of Father, J. E. Bishop
9. Father's Occupation, Laborer
10. Father's Birthplace, Va.

Name of Medical Attendant, or other Person who makes this Return.

Address, Silas Baldwin M.D.

Remarks, 700 Lafayette av.

8 9 7 0 0 0 6 8 2 5

John Murphy & Co., City Printers and Stationers.

[illegible] whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 3 1897
4. Place of Birth, (Street and Number) 2028 Cristian Street
5. Full Name of Mother, Dorra Gosberg
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris Gosberg
9. Father's Occupation, Presser on Pants
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Jena Barber

Address, 15 Albemarle St

Remarks,

8970006826

Wm J C. Dulany Co., City Printers and Stationers.

[236.]

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 of October
4. *Place of Birth, (Street and Number)* 213 Vine st Baltimore md
5. *Full Name of Mother,* Sarah Moorehey
6. *Mother's Maiden Name,* Sarah Thomas
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* James Moorehey
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Wm Hill

Address, 215 Vine St

Remarks,

8 4 7 0 0 0 6 8 2 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236.]

RETURN OF A BIRTH. 86446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 3 — 1897
4. Place of Birth, (Street and Number) 225 S. Wolfe St
5. Full Name of Mother, Hattie Schuckman
6. Mother's Maiden Name, Marton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Schuckman
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks,

8970006828

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 8644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) H

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 2 1897
4. *Place of Birth, (Street and Number)* 1125 Patapsco St
5. *Full Name of Mother,* Sarah Baker
6. *Mother's Maiden Name,* Barker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Baker
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah Pettington

Address, 924 Bunney St

Remarks, 8970006829

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 3rd 1917
4. Place of Birth, (Street and Number) No 1258 North ave
5. Full Name of Mother, Emma Crosby
6. Mother's Maiden Name, von Rastorff
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jesse Crosby
9. Father's Occupation Bycicle dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Foss

Address, No 1907 E Monument Sts.

Remarks,

8970006830

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth,* 31 of October
4. *Place of Birth, (Street and Number)* 605 North spring street
5. *Full Name of Mother,* Lucy Walker
6. *Mother's Maiden Name,* Lucy Barnes
7. *Mother's Birthplace,* saint Mary County
8. *Full Name of Father,* James Walker
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Ked County

Name of Medical Attendant, or other person who makes this Return, Carloline Bacon

Address, 815 North dallas street

Remarks, doing well

8970006831

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 87480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3 October 1897
4. *Place of Birth, (Street and Number)*	1426 Hull st city
5. *Full Name of Mother,*	Louise Gilbert
6. *Mother's Maiden Name,*	Louise Tuttle
7. *Mother's Birthplace,*	Baltimore city
8. *Full Name of Father,*	Joseph Gilbert
9. *Father's Occupation*	Barber
10. *Father's Birthplace,*	Baltimore city
Name of Medical Attendant, or other person who makes this Return.	Cornelia Allen
Address,	14 11 Nicholson st city
Remarks,	

8 9 7 0 0 0 6 8 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[...] 1236.]

RETURN OF A BIRTH. 86451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 3 October
4. *Place of Birth, (Street and Number)* 1338 Garrett Av.
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,* " Luashy
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Smith
9. *Father's Occupation* Labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Ralf. Mason

Address, 1321 Wall St.

Remarks,

8970006833

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 86452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* ~~White~~
3. *Date of Birth,* October 4th 1897
4. *Place of Birth, (Street and Number)* Arlington Ave (106 ft
5. *Full Name of Mother,* Mary L. Jesup
6. *Mother's Maiden Name,* Mary L. Hettner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thos W Jesup
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C Hayes

Address, 924 Hollins St

Remarks,

8970006834

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 4th 1897
4. *Place of Birth, (Street and Number)* 1809 Tunnel St
5. *Full Name of Mother,* Annie Hill
6. *Mother's Maiden Name,* Annie Johnson
7. *Mother's Birthplace,* Corville Co. Md.
8. *Full Name of Father,* Thomas Hill
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Greenstown

Name of Medical Attendant, or other person who makes this Return, Mary Hussey

Address,

Remarks, 1809 Tunnel St

Child & Mary O & Oct & 3 to

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 4th 1897
4. Place of Birth, (Street and Number) 1514 Byrd St
5. Full Name of Mother, Mary Elizabeth Hampton
6. Mother's Maiden Name, Mary E. White
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Maurice Hampton
9. Father's Occupation Rail Road
10. Father's Birthplace, Queenanys county Md

Name of Medical Attendant, or other person who makes this Return. Ellenora E. Anderson

Address, 1434 Patapsco St

Remarks,

8970006836

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4 Oct
4. *Place of Birth, (Street and Number)* 1529 W. Balto. St
5. *Full Name of Mother,* Ella Kraus
6. *Mother's Maiden Name,* Shuey
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Kraus
9. *Father's Occupation* Saloon
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs R Illig

Address, 1302 Edmondson Ave

Remarks,

8970006837

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 4/97
4. Place of Birth, (Street and Number) 146 W. Hughes St.
5. Full Name of Mother, Elizabeth E. A. Murphy
6. Mother's Maiden Name, Elizabeth E. A. Bowen
7. Mother's Birthplace, Balto city
8. Full Name of Father, James J. Murphy
9. Father's Occupation Salesman
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, E. McKeary M.D.

Address, 411 S. Sharp St.

Remarks,

8970006838

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 86457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 4th 1897
4. *Place of Birth, (Street and Number)* 923 Green willow court
5. *Full Name of Mother,* Charlot Davis
6. *Mother's Maiden Name,* Charlot Davis
7. *Mother's Birthplace,* Petbergue Virginia
8. *Full Name of Father,* Lovis Johnson
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Howard County

Name of Medical Attendant, or other person who makes this Return, Hester Cotance

Address, 509 Pristor St

Remarks,

8970006839

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-10-56

RETURN OF A BIRTH 86458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Milton Hood 3d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 4th 97.
4. Place of Birth, (Street and Number) 1806 9th St. Walbrook.
5. Full Name of Mother, Mattie C. Hood
6. Mother's Maiden Name, Mattie C. Crismer
7. Mother's Birthplace, Penna
8. Full Name of Father, Edward C. Hood.
9. Father's Occupation, Salesman
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. A. K. Jumps M.D.

Address, 1202 Argyle Ave

Remarks,

8970006840

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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236.]

RETURN OF A BIRTH. 86463

GIVEN NAME ADDED 1-15-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th child

1. Sex, (state whether male or female) August a. [illegible] Clopein

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 4th 1897

4. Place of Birth, (Street and Number) 2120 Wilhelm st

5. Full Name of Mother, Mollie Clopein

6. Mother's Maiden Name, Mollie Meier

7. Mother's Birthplace, Baltimore md

8. Full Name of Father, Henry Clopein

9. Father's Occupation Photographer

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs Hillen

Address, 2008 MC Henry st

Remarks,

897U006841

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 86464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 4 of Octbr.
4. *Place of Birth, (Street and Number)* 707. s. port Street
5. *Full Name of Mother,* Anna Sammet.
6. *Mother's Maiden Name,* = Tiperian.
7. *Mother's Birthplace,* Bavaria.
8. *Full Name of Father,* Georg Sammt.
9. *Father's Occupation* Hodcarrier.
10. *Father's Birthplace,* Bavaria.

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Behnken. Weiss.

Address, 613 s. port Street.

Remarks,

18970006842

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Baltimore Oct. 5, 1897
4. *Place of Birth, (Street and Number)* [illegible] Street Baltimore
5. *Full Name of Mother,* Rosie Spector
6. *Mother's Maiden Name,* Rosie
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Morris Spector
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, [illegible] Albemarle Street [illegible]

Remarks,

8970006843

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct. 5, 1897.
4. Place of Birth, (Street and Number) 206 Henrietta St.
5. Full Name of Mother, Laura Bryant.
6. Mother's Maiden Name, Laura Walker.
7. Mother's Birthplace, Va.
8. Full Name of Father, Joseph Bryant.
9. Father's Occupation, Stevedore
10. Father's Birthplace, N. Carolina

Name of Medical Attendant, or other person who makes this Return, Hannah Hatchett.

Address, 609 Campbell St.

Remarks,

1897 0006844

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 5th 1897
4. Place of Birth, (Street and Number) N.E. Cor. Arlington & Saratoga Sts
5. Full Name of Mother, Mary Windsor
6. Mother's Maiden Name, Ward
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thos Windsor
9. Father's Occupation Clerk
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, John Neff M.D.

Address, 701 N. Carrollton Ave

Remarks,

1 8 9 7 0 0 0 6 8 4 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 86468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colard

3. Date of Birth, october 5

4. Place of Birth, (Street and Number) 742 Bradley St

5. Full Name of Mother, "

6. Mother's Maiden Name, nellie Brown

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Steven Brightmon

9. Father's Occupation ice. Man.

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs F. Myers

Address, No 729 Bradley St

Remarks,

8970006846

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8647 69

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct 5 1897
4. *Place of Birth, (Street and Number)* No 11 E. Ann
5. *Full Name of Mother,* Katie J. Burlin
6. *Mother's Maiden Name,* " J. Ferris
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Edmund Burlin
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* ~~Bal~~ Port Deposit - Cecil Co Md

Name of Medical Attendant, or other person who makes this Return, M. J. Cameron

Address, 425 N Broadway

Remarks,

8970006847

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* Male -
2. *Race or Color, (if not of the white race)* White -
3. *Date of Birth,* Oct. 5th - 1897 -
4. *Place of Birth, (Street and Number)* 905 N. Calhoun St.
5. *Full Name of Mother,* Jessie A. Kuebler -
6. *Mother's Maiden Name,* Garrison -
7. *Mother's Birthplace,* New York -
8. *Full Name of Father,* A. Fred Kuebler -
9. *Father's Occupation,* Wood Turner -
10. *Father's Birthplace,* Penna -

Name of Medical Attendant, or other person who makes this Return. R. H. Goldsmith, M.D.

Address, Harlem av & Calhoun St

Remarks,

8 9 7 0 0 0 6 8 4 8

WM J C DULANY CO CITY PRINTERS AND STATIONERS

[illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 80471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Noble Darwyn Gallup

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) male -
2. Race or Color, (if not of the white race) White -
3. Date of Birth, oct - 5th - 1897 -
4. Place of Birth, (Street and Number) 1208 W. Mulberry St.
5. Full Name of Mother, Evelyn M. Gallup -
6. Mother's Maiden Name, Kelley.
7. Mother's Birthplace, Dorchester Co - Md,
8. Full Name of Father, Alfred P. Gallup -
9. Father's Occupation, Compositor Sun Office.
10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, R. He. Goldsmith, M.D.

Address, Harlem av. & Baltimore St.

Remarks,

8970006849

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RM 1236.]

RETURN OF A BIRTH. 88472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6'

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 5' 1897
4. Place of Birth, (Street and Number) 1648 E. Fort Ave.
5. Full Name of Mother, Anna E. McDairmant
6. Mother's Maiden Name, Franke
7. Mother's Birthplace, Germany
8. Full Name of Father, Thos. McDairmant
9. Father's Occupation Saloonkeeper
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, Robt. P. C. Lehnitz M.D.

Address, 1458 Riviera Ave.

Remarks,

8 9 7 0 0 0 6 8 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

CERTIFICATE CORRECTED 6-14-50

RETURN OF A BIRTH. 86473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elkan Leopold Ries

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, ~~&c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, October 6, 1897
4. Place of Birth, (Street and Number) 2707 Parkwood Ave
5. Full Name of Mother, Jennie ~~Rice~~ RIES
6. Mother's Maiden Name, Jennie Atkinson
7. Mother's Birthplace, Penn.
8. Full Name of Father, Leopold ~~Rice~~ RIES
9. Father's Occupation, Salesman
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, J. Thos Cooke M.D.

Address, 914 N. Charles St.

Remarks,

8970006851

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 6 1897
4. *Place of Birth, (Street and Number)* Violetville ~~Lauretville~~ Balto Co. Md
5. *Full Name of Mother,* Annie Mary Bond
6. *Mother's Maiden Name,* Annie Mary Davis
7. *Mother's Birthplace,* Balto City. Md
8. *Full Name of Father,* Frank Alford Bond
9. *Father's Occupation,* Upholsterer
10. *Father's Birthplace,* Balto City Md

Name of Medical Attendant, or other person who makes this Return, Dr. Wm. J. Chappell,

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

8970006852

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED. 2-24-59 88475

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleanor Matthews 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 6, '97
4. Place of Birth, (Street and Number) 1305 Penna Ave
5. Full Name of Mother, Rosa M. Matthews
6. Mother's Maiden Name, Rosa M. Davis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robt. A. Matthews
9. Father's Occupation, Deceased
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, W. McClean Yost, M.D.

Address, 1231 Aiggle Ave

Remarks,

8970006853

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

1236.]

RETURN OF A BIRTH. 80476

GIVEN NAME ADDED 1-29-33

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Sadie ~~Fried~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6 Oct, 1897
4. *Place of Birth, (Street and Number)* 23 S. Spring St
5. *Full Name of Mother,* Gertrude Fried
6. *Mother's Maiden Name,* ~~D~~ Fried
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* David Fried
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Wm R Ulbrig

Address, 302 E Lexington St

Remarks,

8970006854

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8647)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 18 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 6. Oct. 1897
4. *Place of Birth, (Street and Number)* 1422 Cross Street
5. *Full Name of Mother,* Lizzie Hardman
6. *Mother's Maiden Name,* Lizzie Davis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Hardman
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Talbot Co

Name of Medical Attendant, or other person who makes this Return, Charity Boulder

Address, 808 Stockholm Street

Remarks,

8970006855

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4

1. *Sex, (state whether male ~~or female~~)* male
2. *Race or Color, (~~if not of the white race~~)* colored
3. *Date of Birth,* 6-of Oct at 1/4 of 7 A.M 1897
4. *Place of Birth, (Street and Number)* 226 Durham street
5. *Full Name of Mother,* Willie Ann Rich
6. *Mother's Maiden Name,* — — — Rent
7. *Mother's Birthplace,* North Thumberland County V.A.
8. *Full Name of Father,* Hiam Rich
9. *Father's Occupation* steavedor
10. *Father's Birthplace,* Richmond County V.A.

Name of Medical Attendant, or other person who makes this Return, Josephine Amos - Cooper

Address, 920 Shuter Street

Remarks, Mother — Son both well

Balto Md.

8 9 7 0 0 0 0 8 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 6th 1897
4. Place of Birth, (Street and Number) 110 Rosedale. St
5. Full Name of Mother, Mollie. F. Hickmann
6. Mother's Maiden Name, Mollie. F. Squires
7. Mother's Birthplace, Baltimore, md
8. Full Name of Father, Thomas. C. Hickmann
9. Father's Occupation Plasterer
10. Father's Birthplace, Philadelphia, Pa

Name of Medical Attendant, or other person who makes this Return, Ellemore. a. anderson

Address, 1434 Patapsco. St

Remarks,

8970006857

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH 86480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: John Kenneth Bates, 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 1st, 1897
4. Place of Birth, (Street and Number) 1744 E. Townsend St
5. Full Name of Mother, Leila F. Bates
6. Mother's Maiden Name, " " Gosweiler
7. Mother's Birthplace, Hanisburg, Pa.
8. Full Name of Father, John A. Bates
9. Father's Occupation, Book-Keeper
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Walter H. White MD

Address, 1101 N. Broadway

Remarks.

8970006858

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 2 97
4. Place of Birth, (Street and Number) 238 S Bond
5. Full Name of Mother, Henrietta S. Kennard
6. Mother's Maiden Name, " " Perrel
7. Mother's Birthplace, Maryland
8. Full Name of Father, Levin M Kennard
9. Father's Occupation, Sailor
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Dolph C. Eisenberg A.B. M.D.

Address, 1514 Orleans St

Remarks,

8970006859

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 86482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct. 2nd 1897
4. Place of Birth, (Street and Number) 124 N. High St.
5. Full Name of Mother, Carrie Ginsburg
6. Mother's Maiden Name, " Panitz
7. Mother's Birthplace, Europe
8. Full Name of Father Morris Ginsburg
9. Father's Occupation Manufacturer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter St.

Remarks,

8970006860

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct. 4th 1897
4. *Place of Birth, (Street and Number)* 1408 E. Lombard st.
5. *Full Name of Mother,* Reva Sachs
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Harry Sachs
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970006861

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October - 6 - 97
4. *Place of Birth, (Street and Number)*	1815 Dalle Road
5. *Full Name of Mother,*	Katie Shea
6. *Mother's Maiden Name,*	Katie Kelly
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Bartholomew Shea
9. *Father's Occupation*	Foreman
10. *Father's Birthplace,*	Texas Baltimore Co
Name of Medical Attendant, or other person who makes this Return,	Miss Woodem
Address,	1000 East Hoffman st
Remarks,	

8 9 7 0 0 0 6 8 6 2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 86485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 of October 1897.
4. *Place of Birth, (Street and Number)* 426 Dunken-Hille
5. *Full Name of Mother,* Sophie Jong
6. *Mother's Maiden Name,* Sophie Warster
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michael Jong
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hille

Address, 207 N. Castle St

Remarks,

8970006863

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 86486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 7. October
4. *Place of Birth, (Street and Number)* 1524 Boyle st.
5. *Full Name of Mother,* Marie Luckhardt
6. *Mother's Maiden Name,* " Löser
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Christ. Luckhardt.
9. *Father's Occupation* Labour
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Roth. Mohner

Address, 1331 Hull st.

Remarks,

8 9 7 0 0 0 6 8 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	oct. 7th 1897
4. *Place of Birth, (Street and Number)*	317 dover st Baltimore md
5. *Full Name of Mother,*	Sallie Ocuton
6. *Mother's Maiden Name,*	Sallie Wadda
7. *Mother's Birthplace,*	Lancaster co. Va.
8. *Full Name of Father,*	John W. Ocuton
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Lancaster co. Va.
Name of Medical Attendant, or other person who makes this Return,	Sarah Thomson
Address,	
Remarks,	

8 9 7 0 0 0 6 8 6 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th October
4. Place of Birth, (Street and Number) 1005 Scott St Balto city
5. Full Name of Mother, Emma V. Hess
6. Mother's Maiden Name, Emma V. Floyd
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William A. Hess
9. Father's Occupation Shipping clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Susan Waters

Address, 822 St Peter St

Remarks,

8 9 7 0 0 0 6 8 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 7, 1897.
4. *Place of Birth, (Street and Number)* 523 Hoffman St.
5. *Full Name of Mother,* Agnes Reid
6. *Mother's Maiden Name,* Agnes Hall
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Arthur Reid
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Hannah Hatchett

Address, 609 Campbell St.

Remarks,

8 4 7 0 0 0 6 8 6 7

Wm J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th October 20 minutes to 8.
4. *Place of Birth, (Street and Number)*	451 Pinkney Place.
5. *Full Name of Mother,*	Sadie Louisa Slater
6. *Mother's Maiden Name,*	Sadie Louisa Mineral.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	William Augustus Slater.
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other person who makes this Return,	Martha Griffin M.D.
Address,	1514 Windsor Ave
Remarks,	Correct.

8 9 7 0 0 0 6 8 6 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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OVW

RETURN OF A BIRTH. 86491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Raymond S. Nilghman~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 7. Oktober.
4. Place of Birth, (Street and Number) 2108. Jefferson Street
5. Full Name of Mother, Elmira (Reinke) Nilghman
6. Mother's Maiden Name, Elmira Seymour.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Frank Nilghman (William Reinke)
9. Father's Occupation (Agent) Merchant Marine
10. Father's Birthplace, Centreville, Md. (Germania)

Name of Medical Attendant, or other person who makes this Return, Mary Kloss.

Address, N. 9. North Wolfe Str.

Remarks,

8 9 7 0 0 0 6 8 6 9

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 7 of Oct. 1897
4. Place of Birth, (Street and Number) No 1209 North Dallast
5. Full Name of Mother, Carrie B. Schnuefer
6. Mother's Maiden Name, Carrie Bush
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John L. Schnuefer
9. Father's Occupation, Varnisher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ch. Lauer

Address, No 1059 Harford Ave

Remarks, Bal. Md

8 9 7 0 0 0 4 8 7 0

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Oct 7th 1911 1032 N Front Street
4. *Place of Birth, (Street and Number)*	1032 N Front Street
5. *Full Name of Mother,*	Blanche Courtier
6. *Mother's Maiden Name,*	Blanche Johnson
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Victor Bailly Courtier
9. *Father's Occupation*	Janitor
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Johnson
Address,	1036 N Front Street
Remarks,	

8 9 7 0 0 0 6 8 7 1

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 7th
4. Place of Birth, (Street and Number) 621 S Fremont St
5. Full Name of Mother, Bridget Leonard
6. Mother's Maiden Name, Bridget Smith
7. Mother's Birthplace, Ireland
8. Full Name of Father, Samuel J Leonard
9. Father's Occupation Bottler
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, M E Hunter

Address, 23 N Appleton St

Remarks,

8970006872

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, October 7th 1897
4. Place of Birth, (Street and Number) No 922 Pierce St
5. Full Name of Mother, Fannie Matthews
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, St Mary's Co Md.
8. Full Name of Father, Benjamin Matthews
9. Father's Occupation Driver
10. Father's Birthplace, Ann Arundel Co Md.

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, No 1024 Park Ave

Remarks,

8970006873

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1226.]

RETURN OF A BIRTH. 86496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th October 1897
4. *Place of Birth, (Street and Number)*	No 1430 Towson st. L.P.
5. *Full Name of Mother,*	Lizzie Shaillet
6. *Mother's Maiden Name,*	" Curtis
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robert Shaillet
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaeffler
Address,	No 1708 E Fort Ave L.P.
Remarks,	

8 9 7 0 0 0 6 8 7 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the name conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[...]M 1236.]

[...] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 7 October 1897
4. *Place of Birth, (Street and Number)* 1509 Clement st.
5. *Full Name of Mother,* Hulda Mielke
6. *Mother's Maiden Name,* " Albrecht.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Hermann Mielke
9. *Father's Occupation* Labour
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Ruth Mahon

Address, 1331 Hill st.

Remarks,

8970006875

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Baltimore Oct. 8, 1891
4. *Place of Birth, (Street and Number)* No. 210 N. Gay Street
5. *Full Name of Mother,* Rosie Gross
6. *Mother's Maiden Name,* Rosie Proper
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Benjiman Gross
9. *Father's Occupation,* Shoe Makers
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Jena Barber

Address, 15 Albemarle St.

Remarks, 8970006876

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 8 '97
4. *Place of Birth, (Street and Number)* 140 W. Preston St
5. *Full Name of Mother,* alice Brown
6. *Mother's Maiden Name,* alice Chamberlain
7. *Mother's Birthplace,* Centreville, Md.
8. *Full Name of Father,* George H. Brown
9. *Father's Occupation* Hostler
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, G. C. E. Vogler M. D.

Address, 1230 E. North ave

Remarks,

8 9 7 0 0 0 6 8 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86500

GIVEN NAME ADDED 7-28-59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edith ~~S. Rosen~~ 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* femal

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Oct. 8th 1897

4. *Place of Birth, (Street and Number)* 6 E. Exeter st.

5. *Full Name of Mother,* Rebecca Rosen

6. *Mother's Maiden Name,* Miller

7. *Mother's Birthplace,* Europe

8. *Full Name of Father,* Aaron Rosen

9. *Father's Occupation* Store-Keeper

10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 E. Exeter st.

Remarks,

8970006878

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1336]

RETURN OF A BIRTH. 86501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mouth, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the Practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* Boy
3. *Date of Birth,* 8 Oct.
4. *Place of Birth, (Street and Number)* 1604 Lancaster St.
5. *Full Name of Mother,* Josefsina Swakowsky
6. *Mother's Maiden Name,* V. Laskowska
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* John Swakowsky
9. *Father's Occupation* Make-Iman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S. Bond St.

Remarks,

8970006879

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, October 8 d 1911
4. *Place of Birth*, (*Street and Number*) 9/0 Monument Street
5. *Full Name of Mother*, Eliza Jennings
6. *Mother's Maiden Name*, Eliza Green
7. *Mother's Birthplace*, Prince George County Md.
8. *Full Name of Father*, Nathaniel Jennings
9. *Father's Occupation* Laborer
10. *Father's Birthplace*, Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. Valett Jones

Address, 1836 E. Fleet Street

Remarks,

1897000068800

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 86503

GIVEN NAME ADDED. 10-24-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Earl Meredith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 8th 1897
4. Place of Birth, (Street and Number) 1414 N. Mount St.
5. Full Name of Mother, Nellie Meredith
6. Mother's Maiden Name, Nellie Todd
7. Mother's Birthplace, Cambridge Md.
8. Full Name of Father, William R. Meredith
9. Father's Occupation Upholster
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return Mary Harvey

Address, 1809 Lorman St.

Remarks,

8970006881

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 86504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 8th October
4. Place of Birth, (Street and Number) No. 1157 Nanticoke St
5. Full Name of Mother, Carolina Schwemmer
6. Mother's Maiden Name, " " Maenner
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Schwemmer
9. Father's Occupation Tin & Scheet Ironworker
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischoff

Address, No. 731 St Peter St.

Remarks,

8 9 7 0 0 0 6 8 8 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 8 — 1897
4. Place of Birth, (Street and Number) 823 Eastern Ave.
5. Full Name of Mother, Irese Montimole
6. Mother's Maiden Name, Lolet
7. Mother's Birthplace, Italy
8. Full Name of Father, Vincen Montimole
9. Father's Occupation Musician
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 142 E. Pratt St.

Remarks,

8970006883

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 9 1897
4. *Place of Birth, (Street and Number)* 15-35 N. Washington St.
5. *Full Name of Mother,* Virginia Krause
6. *Mother's Maiden Name,* Virginia Montgomery
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* William Theodore Krause
9. *Father's Occupation,* Pattern Maker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Albert S. Atkinson, M.D.

Address, 1037 N. Caroline St

Remarks,

8970006884

Wm J C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 86507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 Oct.
4. *Place of Birth, (Street and Number)* 1611 Aliciana St.
5. *Full Name of Mother,* Ludvika Zasowsky
6. *Mother's Maiden Name,* Soltesiak
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* John Zasowsky
9. *Father's Occupation* Work Iman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return Mary Pratt

Address, 838 S. Bond St.

Remarks,

8970006885

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* ..
3. *Date of Birth,* Oct. 9. 97
4. *Place of Birth, (Street and Number)* 639 Portland St
5. *Full Name of Mother,* Catherine Mary Dolan. Murphy
6. *Mother's Maiden Name,* ..
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Hugh Dolan
9. *Father's Occupation* Ireland Laborer.
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 No Arlington St

Remarks, ..

8970006886

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 9, 1897.
4. Place of Birth, (Street and Number) 14, Lind. ave.
5. Full Name of Mother, Lizzie Owensitty
6. Mother's Maiden Name, Howard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Owensitty.
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. B. Joyce M.D.

Address, 2520 W. Baltimore St.

Remarks,

8 9 7 0 0 0 6 8 8 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 86510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, October 9th 1897

4. Place of Birth, (Street and Number) 906 S Broadway

5. Full Name of Mother, Mary Estelle Courtenay

6. Mother's Maiden Name, " Spinkle

7. Mother's Birthplace, City

8. Full Name of Father, Austin V Courtenay

9. Father's Occupation Clerk

10. Father's Birthplace, Lonaconing Md

Name of Medical Attendant, or other person who makes this return, A G Davis MD

Address, 1507 N Caroline St

Remarks.

8 9 7 0 0 0 6 8 8 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 9 October
4. *Place of Birth, (Street and Number)* 1343 Andrew st
5. *Full Name of Mother,* Bertha Hemling
6. *Mother's Maiden Name,* " Winzenried
7. *Mother's Birthplace,* Switzerland
8. *Full Name of Father,* Alfred Hemling
9. *Father's Occupation* Labour.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Cath. Mahan

Address, 1331 Hill St. Locust Point.

Remarks,

8970005889

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col—
3. *Date of Birth,* Oct- 9th- '97
4. *Place of Birth, (Street and Number)* 1321 N. Calhoun St.
5. *Full Name of Mother,* Susan Kellum
6. *Mother's Maiden Name,* Susan Hill—
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Thomas Kellum
9. *Father's Occupation* Hod carrier
10. *Father's Birthplace,* Md—

Name of Medical Attendant, or other person who makes this Return. William D Brown M.D.

Address, 1324 N. Calhoun Street—

Remarks,

8 9 7 0 0 0 6 8 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascer-
been conferred) its sex, color, the full name and occupati
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the C
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be

1236.]

RETURN OF A BIRTH. 86513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st October 1897.
4. *Place of Birth, (Street and Number)* 15 West Windsor St.
5. *Full Name of Mother,* Annie Dorsey
6. *Mother's Maiden Name,* Annie Cooke.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Dorsey.
9. *Father's Occupation* Tin Worker.
10. *Father's Birthplace,* Ellicot cty Md.

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks.

Address, 1828 Tight St.

Remarks, Doing Well.

8970006891

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 87514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th October 1897
4. Place of Birth, (Street and Number) 2141 Hanover St.
5. Full Name of Mother, Annie Dooney
6. Mother's Maiden Name, Annie Fink
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Dooney
9. Father's Occupation Iron Worker
10. Father's Birthplace, Ellicott City Md.

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, 1828 Light St.

Remarks, Doing Well

8970006892

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 5th 1897
4. Place of Birth, (Street and Number) 2117 Shanover St.
5. Full Name of Mother, Emma Comas.
6. Mother's Maiden Name, Emma Spizer
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Comas.
9. Father's Occupation Glass Flater
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elize Brooks.

Address, 1828 Tight St.

Remarks, Doing Well

8970006893

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

GIVEN NAME ADDED 4-22-57

RETURN OF A BIRTH. 865-16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Estell ~~Meekins~~ 3 Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 October 1897.
4. Place of Birth, (Street and Number) 1425 Race St.
5. Full Name of Mother, Emelia Meekins
6. Mother's Maiden Name, Emelia Buchman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Meekins
9. Father's Occupation Merchant Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elize Brooks.

Address, 1828 Light St.

Remarks, Doing Well.

8970006894

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME
George William Scheminant

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6th day of October
4. *Place of Birth, (Street and Number)* 12 E. St. Carrollton Ave
5. *Full Name of Mother,* Francis J. Scheminant
6. *Mother's Maiden Name,* Francis J Childres
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William S. Scheminant
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 W Appleton St

Remarks, Add given names Form 4508 - 6-17-77 LW

8970006895

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1336]

RETURN OF A BIRTH. 86578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Male, WALTER FREDERICK FORNEY
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 6th. 97.
4. *Place of Birth, (Street and Number)* 349 S. Fulton ave.
5. *Full Name of Mother,* Theresa M. Forney
6. *Mother's Maiden Name,* Theresa M. Lear
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Charles P. Forney
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Dilce. M.D.

Address, 1203 W. Fayette st.

Remarks,

8970006896

Wm. J. C. Dulany Co., City Printers and Stationers.

[FORM 1236.]

RETURN OF A BIRTH. 86579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 October 1897.
4. Place of Birth, (Street and Number) 43 West West St.
5. Full Name of Mother, Mary Reese
6. Mother's Maiden Name, Mary Brady.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Kasper Reese
9. Father's Occupation Drayman
10. Father's Birthplace, Newyesay.

Name of Medical Attendant, or other person who makes this Return, Elijah Brooks.

Address, 1828 Light St.

Remarks, Doing Well.

8 9 7 0 0 0 6 8 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 6 child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 7th 1897.
4. Place of Birth, (Street and Number) 1039 William St.
5. Full Name of Mother, Alice Emma Fisher
6. Mother's Maiden Name, Alice Emma Sanford.
7. Mother's Birthplace, Kent Co. Md.
8. Full Name of Father, Philip G. Fisher.
9. Father's Occupation Barber.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Elsie Brooks.

Address, 1828 Light St.

Remarks, Daisy Bell.

8970006898

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 86521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, October 8 1897
4. Place of Birth, (Street and Number) 2331 - Parkwood Avenue
5. Full Name of Mother, Mrs Louisa Hines Ford
6. Mother's Maiden Name, Miss Louisa Hines Baxton
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Mr. Henry Ford
9. Father's Occupation, Employee of Brewery
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, L. L. Gordon M.D.

Address, 1235 - West Lafayette Avenue

Remarks,

8970006899

Each contract, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

1236.]

RETURN OF A BIRTH. 86522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 8 st 1897.
4. *Place of Birth, (Street and Number)* 713 Light St.
5. *Full Name of Mother,* Lillie Curney
6. *Mother's Maiden Name,* Lillie Freeburger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Curney
9. *Father's Occupation* Mechanice
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks.

Address, 1828 Light St.

Remarks, Doing Well.

8970006900

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* W Lite

3. *Date of Birth,* October 9 th. 1897.

4. *Place of Birth, (Street and Number)* Suburban Ave, Waverly.

5. *Full Name of Mother,* Florence Maud Tabeling

6. *Mother's Maiden Name,* Gracen

7. *Mother's Birthplace,* Balto. City

8. *Full Name of Father,* John Jasper Tabeling

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, Walter Bolgiano

Address, 2020 N. Charles Ste.

Remarks,

8 9 7 0 0 0 6 9 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...the full name of each child, (if any shall have ... occupation of its parents, the date and place of birth, and the ... the practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... after it shall become the duty of the person or other person be in ... health, in the manner and within the period above required, and ... il to comply with the provisions of this section shall be sub- ... ce, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

RETURN OF A BIRTH. 86524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (~~if not of the~~ white ~~race~~)*
3. *Date of Birth,* Oct. 9, 97
4. *Place of Birth, (Street and Number)* 813 Hanover St
5. *Full Name of Mother,* Rose Schlickenmaier
6. *Mother's Maiden Name,* Franz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Schlickenmaier
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Lewis McEachman Jr

Address, 772 W Lent St

Remarks,

8970006902

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

KODAK SAFETY

RETURN OF A BIRTH, 86525

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d 11 years between 1st and 2d

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 9th 10 clock AM 1897
4. Place of Birth, (Street and Number) 930 Harris Al
5. Full Name of Mother Mary Sanner
6. Mother's Maiden Name Didnet
7. Mother's Birthplace Gen
8. Full Name of Father Bazel P Sanner
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J E Pinchard MD

Address 1010 Chesapeake St

Remarks Easy and quick delivery

Both mother and child doing well 10th

8970005903

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1286.]

RETURN OF A BIRTH. 86526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 9 — 1897
4. *Place of Birth, (Street and Number)* 520 S. Ann St.
5. *Full Name of Mother,* Christine Schreiner
6. *Mother's Maiden Name,* Fischer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Schreiner
9. *Father's Occupation* Potter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970006904

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th Oct 1877
4. *Place of Birth, (Street and Number)* No 1531 Burrauch
5. *Full Name of Mother,* Josphine ~~Polen~~ Harinny
6. *Mother's Maiden Name,* " Palenkofski
7. *Mother's Birthplace,* Polen
8. *Full Name of Father,* Ignatz Harinny
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Polen

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaeffler

Address, No 1708 E. Fort Ave Louis Point

Remarks,

8 9 7 0 0 0 6 9 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* October 10th
4. *Place of Birth, (Street and Number)* Baltimore 205 Durham st
5. *Full Name of Mother,* Ella Roberson
6. *Mother's Maiden Name,* Ella Gleese
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Gustus Roberson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Kingwilliams C. Va

Name of Medical Attendant, or other person who makes this Return, Georgeaner Brooks

Address, 1751 Mullikin st

Remarks, Dr. Mc. Schame Please come down and see the baby eyes

8 9 7 2 0 0 6 9 0 6

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 86529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth,* Oct. 10. 1897
4. *Place of Birth, (Street and Number)* 1064 W. Fayette St.
5. *Full Name of Mother,* Marion V. Thomas
6. *Mother's Maiden Name,* Marion V. Pool
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Rudolph C. Thomas
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M. D.

Address, 914 N. Charles St.

Remarks,

8970006907

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236.]

RETURN OF A BIRTH. 86530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 10th 1897
4. *Place of Birth, (Street and Number)* 1713 W. Lombard St.
5. *Full Name of Mother,* Ida Kretzschmar
6. *Mother's Maiden Name,* " Rehbein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gustav Kretzschmar
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Dresdan Germany

Name of Medical Attendant, or other person who makes this Return, H. J. Patrick, M.D.

Address, 1204 Madison Ave

Remarks,

8970006908

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 10th
4. *Place of Birth, (Street and Number)* 1539 Argyle Av
5. *Full Name of Mother,* Delia Burns
6. *Mother's Maiden Name,* " Ward
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Burns
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin

Address, 700 Lof. Av.

Remarks,

...n Murphy & Co., City Printers and Stationers.

8970006909

...the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 86532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 10th 1897
4. Place of Birth, (Street and Number) 47 S. Fulton Ave
5. Full Name of Mother, Agnes M. Countess
6. Mother's Maiden Name, " " Gallaher
7. Mother's Birthplace, Ellicott City, Md.
8. Full Name of Father, Edgar J. Countess
9. Father's Occupation Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Joseph P. Wunder

Address, 1075 W. Fayette St.

Remarks, L. O. I. A.

8970006910

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1286.]

RETURN OF A BIRTH. 86533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 October 1897
4. Place of Birth, (Street and Number) 127 east Randall St.
5. Full Name of Mother, Jamony Yonger
6. Mother's Maiden Name, Jamony Brooks
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Yonger
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elzie Brooks

Address, 1828 Light St.

Remarks, Doing Well

8 9 7 0 0 0 6 9 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 10th. 1897.
4. *Place of Birth, (Street and Number)* 111 West Fort av
5. *Full Name of Mother,* Carrie Smith
6. *Mother's Maiden Name,* Carrie Shughieth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. A. Smith
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizi Brooks.

Address, 1828 Light

Remarks, Doing Well

8 9 7 0 0 0 6 9 1 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

GIVEN NAME ADDED 4-7-55

RETURN OF A BIRTH. 86535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Catherine ~~Gaskins~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 10th 1897
4. Place of Birth, (Street and Number) 108 West Eleanora St.
5. Full Name of Mother, Mary Barbara Gaskins
6. Mother's Maiden Name, Mary Barbara Stromer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel M. Gaskins
9. Father's Occupation Dealing in Bags and Burlaps
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Elzie Brooks.

Address, 1828 Light St.

Remarks, Doing Well.

8970006913

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-28-55

RETURN OF A BIRTH. 86536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Zeigermann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 10/97
4. Place of Birth, (Street and Number) 1908 W. Baltimore st
5. Full Name of Mother, Bertha Zeigermann
6. Mother's Maiden Name, " Siemon
7. Mother's Birthplace, Balto. city
8. Full Name of Father, Gustaph Zeigermann
9. Father's Occupation Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Chas. L. Buddenbohn M.D.

Address, 418 S. Pacant,

Remarks,

8970006914

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Oct. 10/97
4. *Place of Birth, (Street and Number)* 8 East av.
5. *Full Name of Mother,* Sarah E. Simmons
6. *Mother's Maiden Name,* " " Schumacher
7. *Mother's Birthplace,* B.C.
8. *Full Name of Father,* J. W. L. Simmons
9. *Father's Occupation* Gun Smith
10. *Father's Birthplace,* B.C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Wilkins

Address, 6 N. Broadway.

Remarks,

8970006915

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Oct 1897
4. *Place of Birth (Street and Number),*	1625 St Paul
5. *Full Name of Mother,*	Sara Dangerfield Carr
6. *Mother's Maiden Name,*	Sarah Dangerfield
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Charles Carr
9. *Father's Occupation,*	Lawyer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	C B Gamble M D
Address,	928 Calhoun
Remarks,	

8 4 7 0 0 0 6 9 1 6

The Baltimore Publishing Co., City Printers and Stationers

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

RETURN OF A BIRTH. 86539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, oct 10 1897
4. Place of Birth, (Street and Number) S/O 17 old fredric road
5. Full Name of Mother, margret James
6. Mother's Maiden Name, griffin
7. Mother's Birthplace, virginy
8. Full Name of Father, William James
9. Father's Occupation carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Alice Blum

Address, colver st near Darsey lane

Remarks,

8970006917

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 10
4. *Place of Birth, (Street and Number)* 1807 Ensor St
5. *Full Name of Mother,* Elizabeth Connelly
6. *Mother's Maiden Name,* Elizabeth Oconnor
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas J. Connelly
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Sarah Wooden

Address, 1000 E. Hoffman St.

Remarks,

8970006918

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Male~~ Fourth.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Sunday Oct. 10th 1897.
4. Place of Birth, (Street and Number) 608 Stirling St. Balto. Md.
5. Full Name of Mother, Georgine Ella Kelly.
6. Mother's Maiden Name, " " Brown
7. Mother's Birthplace, Baltimore Maryland.
8. Full Name of Father, Alexander Kelly.
9. Father's Occupation, Laborer
10. Father's Birthplace, White Hall.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Tibbs

Address, 719 Buren St. Balto. Md.

Remarks,

8970006919

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RETURN OF A BIRTH. 86542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 10th
4. Place of Birth, (Street and Number) 916 McDonogh St
5. Full Name of Mother, Ann Maria Julius
6. Mother's Maiden Name, Ann Maria Davis
7. Mother's Birthplace, Middlesex County Va.
8. Full Name of Father, Henry Julius
9. Father's Occupation, Driver
10. Father's Birthplace, Macon Georgia

Name of Medical Attendant, or other person who makes this Return. Peggie Hudnall

Address, 921 McDonogh St

Remarks,

8970006920

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 11th 1897
4. *Place of Birth, (Street and Number)* 510 Stockton St Balto
5. *Full Name of Mother,* Bessie Hart
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Howard Co Md.
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mrs Mary T. Holland

Address, 1813 White St

Remarks, Child born with an inflamed swelling on back of its head

8 9 7 0 0 0 6 9 2 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: James Henry Baker Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 11th 1897
4. Place of Birth, (Street and Number) Balto Md. 836 S Lexington
5. Full Name of Mother, Mrs James H Baker
6. Mother's Maiden Name, Miss Mary Myers
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Mr James H Baker
9. Father's Occupation Steam Fitting
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Sluntes

Address, 23 No Appleton St

Remarks,

8970006922

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct. 11th 1897
4. Place of Birth, (Street and Number) 1206 Gough st.
5. Full Name of Mother, Augusta Finn
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patsy Finn
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8 9 7 0 0 0 6 9 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86 546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~[illegible]~~ October 11 97
4. *Place of Birth, (Street and Number)* Bruce Terrac (No) 2610) City
5. *Full Name of Mother,* Amie. C. Snyder
6. *Mother's Maiden Name,* Amie C Turnbaugh
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Edward E Snyder
9. *Father's Occupation* Farmer. A. A. County
10. *Father's Birthplace,* Carroll county

Name of Medical Attendant, or other person who makes this Return Mrs. M. J. Shockney

Address, 131 Cumberland St

Remarks,

8970006924

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 11th 1897.

4. Place of Birth, (Street and Number) 17 West West St.

5. Full Name of Mother, Kate Mecracking

6. Mother's Maiden Name, Kate Langling

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James E Mecracking

9. Father's Occupation Exteryation

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elzie Brooks.

Address, 1828 Light St

Remarks, Doing Well

897U006925

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86548

GIVEN NAME ADDED 8-2-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elizabeth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Gould

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 11 1897
4. Place of Birth, (Street and Number) 1704 Bolton St
5. Full Name of Mother, Elizabeth Ryan Gould
6. Mother's Maiden Name, " Ryan
7. Mother's Birthplace, City
8. Full Name of Father, James Gould
9. Father's Occupation Wholesale Shoe Jobber
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, W H B Sellman MD

Address, 5 E. Biddle St

Remarks,

8 4 7 0 0 0 6 9 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...tained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 86549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 11 of Octbr.
4. *Place of Birth, (Street and Number)* 612 s. port Street
5. *Full Name of Mother,* Mary Michelmann.
6. *Mother's Maiden Name,* = Lenz.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* William Michelmann
9. *Father's Occupation* Karpenter.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Behnken, Wife

Address, 613 s. port Street.

Remarks,

8970006927

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. 11 Oct 1897

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 11. 1897
4. *Place of Birth, (Street and Number)* 21. Stafford St.
5. *Full Name of Mother,* Annie Inc. Donnell
6. *Mother's Maiden Name,* Annie O Gantain
7. *Mother's Birthplace,* Prince George Co.
8. *Full Name of Father,* Charles Inc. Donnell
9. *Father's Occupation* Horse Dealer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Elizebeth Wicks

Address, Hoffman Lane.

Remarks,

8970006928

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 11 October
4. *Place of Birth, (Street and Number)* 1315 Hull st.
5. *Full Name of Mother,* Katie K. Sapp
6. *Mother's Maiden Name,* " Coughlin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John F. Sapp
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Kath. Mahoney

Address, 1331 Hull st.

Remarks,

8970006929

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 11th 1897
4. *Place of Birth, (Street and Number)* 1807 Streeper st
5. *Full Name of Mother,* Catherine Everhardt
6. *Mother's Maiden Name,* " Carhl
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Everhardt
9. *Father's Occupation* Can Capper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, W. H. Schwatka Jr. D

Address, 2429 Fail Ave

Remarks,

8970004930

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 11 1897
4. Place of Birth, (Street and Number) 216 E. Hamburg St
5. Full Name of Mother, Molley B. Hazard
6. Mother's Maiden Name, M. B. Perkins
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, John D. Hazard
9. Father's Occupation, Glass Flatner
10. Father's Birthplace, Annarundel county Md

Name of Medical Attendant, or other person who makes this Return, Ellenora A. anderson

Address, 1434 Patapsco St

Remarks,

8 4 7 0 0 0 6 9 3 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 11th 1897.

4. Place of Birth, (Street and Number) 2029 East Madison

5. Full Name of Mother, Laura E. Stengel

6. Mother's Maiden Name Laura E. Lindeman

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Fred. A. Stengel

9. Father's Occupation Engineer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, A. Bashiell, M.D.

Address, 2340 Madison Avenue

Remarks, Born 12.25 P.M.

8970006932

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 11th
4. Place of Birth, (Street and Number) 916 McDonogh Street
5. Full Name of Mother, Nancy Ann Julius
6. Mother's Maiden Name, Nancy Ann Julius
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Zenas Decoursa
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Peggie Hudnall

Address, 921 McDonogh Street

Remarks,

8 9 7 0 0 0 6 9 3 3

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

M 1236.]

RETURN OF A BIRTH. 86556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 11th 1897
4. *Place of Birth, (Street and Number)* 550 St Marys St
5. *Full Name of Mother,* Lodie Gasaway
6. *Mother's Maiden Name,* Lodie Duvall
7. *Mother's Birthplace,* Amerandel Co
8. *Full Name of Father,* Thomas Gasaway
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Amerandel Co

Name of Medical Attendant, or other person who makes this Return, Mary Harry

Address, 1809 Lawton St

Remarks,

8970006934

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 86557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 12
4. *Place of Birth, (Street and Number)* 117 Barclay St
5. *Full Name of Mother,* Mamie Collins
6. *Mother's Maiden Name,* Donegan
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Owen Collins
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs R Villig

Address, 1302 E Lexington St

Remarks,

8970006935

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

Over

RETURN OF A BIRTH. 86558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Henry Collison Jr. 6th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 12th 1897
4. *Place of Birth, (Street and Number)* 2431 St. Paul St
5. *Full Name of Mother,* Amanda Collison
6. *Mother's Maiden Name,* Houck
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father* John Henry Collison
9. *Father's Occupation* Oyster Packer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, H. J. Carrick Med

Address, 1214 Madison Ave

Remarks,

8 9 7 0 0 0 6 9 3 6

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 86559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d,~~ 3d, &c.)

1. ~~Sex, (state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Oct. 12, 1897
4. Place of Birth, (Street and Number) 321 Warren Ave.
5. Full Name of Mother, Carrie M. Kelley
6. Mother's Maiden Name, Carrie M. Wheeler,
7. Mother's Birthplace, Baltimore,
8. Full Name of Father, Wm. W. Kelley
9. Father's Occupation Letter Carrier,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke, M.D.

Address, 914 N. Charles St.

Remarks,

8 9 7 0 0 0 6 9 3 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 2 97.
4. Place of Birth, (Street and Number) 1524 Division St.
5. Full Name of Mother, Mrs F. H. Lohmeyer
6. Mother's Maiden Name, Schellinger
7. Mother's Birthplace,
8. Full Name of Father, F. H. Lohmeyer.
9. Father's Occupation Clerk
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Minna C. Perkins M.D.

Address, 1344 Druid Hill Ave

Remarks,

1897 U 006938

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 86561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Boy.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 5th, 1897.
4. *Place of Birth, (Street and Number)*	325 E. Biddle St.
5. *Full Name of Mother,*	Mollie Gallagher.
6. *Mother's Maiden Name,*	Mollie Kelley.
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Joseph Gallagher.
9. *Father's Occupation*	Bookeeper.
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Wibmer Brinton, M.D.
Address,	S.W. Cor. Calvert & Preston sts.
Remarks,	

8970006939

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 11 th. 1897
4. Place of Birth, (Street and Number) 25 Belair Ave.
5. Full Name of Mother, Rosa Rauber
6. Mother's Maiden Name, Rosa Harf
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm. Rauber
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No 7 Mine Bank Lane

Remarks, none

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Wm. J. C. Dulany Co., City Printers and Stationers.

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 12 / 97
4. *Place of Birth, (Street and Number)* No 520 N. Chapple str
5. *Full Name of Mother,* Maggie Schmidt
6. *Mother's Maiden Name,* Schaffer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michal Schmidt
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Grass.

Address, No 1907 E Monument str

Remarks,

8970006941

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 86564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 12, 1894
4. *Place of Birth, (Street and Number)*	1340 N Washington St
5. *Full Name of Mother,*	Jennie McGrain
6. *Mother's Maiden Name,*	" Marker
7. *Mother's Birthplace,*	Carroll Co., Md.
8. *Full Name of Father,*	Owen P. McGrain
9. *Father's Occupation,*	Conductor, R. R.
10. *Father's Birthplace,*	Baltimore Co., Md.
Name of Medical Attendant, or other person who makes this Return.	Walter H White, M.D.
Address,	1101 N. Broadway
Remarks,	

8970006942

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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of the births which have occurred under his or her care during the
ne can be ascertained the full name of each child, (if any shall have
e and occupation of its parents, the date and place of birth; and the
d by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
thereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
fter fail to comply with the provisions of this section, shall be sub-
offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the
third day of each and every month to the office of
shall occur without the attendance of a physician
child to report its birth to the Commissioner of Health
any such person or persons who shall hereafter fail
jected to the fine of ten (10) dollars for each offence.

RETURN OF A BIRTH. 86565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* 2 males.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 12. 1897
4. *Place of Birth, (Street and Number)* 306 W. Lexington St.
5. *Full Name of Mother,* Elizabeth Stelzpel
6. *Mother's Maiden Name,* " Norman
7. *Mother's Birthplace,* City
8. *Full Name of Father,* P. J. Stelzpel
9. *Father's Occupation* Saloon
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, W. H. B. Sellman M.D.

Address, 5 E. Biddle St

Remarks, This is a case of twins terminated 6th month of pregnancy, they lived 8 & 7 hours 5943

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 12/97
4. *Place of Birth, (Street and Number)* 548 W. Mulberry St.
5. *Full Name of Mother,* Lottie Johnson
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Brown
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Jos D. Farrar.

Address, 1216 Madison Ave

Remarks, unmarried - normal

present 89 10 006944

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

FORM 1236]

RETURN OF A BIRTH. 86567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 Oct.
4. *Place of Birth, (Street and Number)* 937 ~~1~~ N. Dallas St.
5. *Full Name of Mother,* Teresa Custina
6. *Mother's Maiden Name,* Lindyn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ignac Custina
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S. Broad St.

Remarks,

8 9 7 0 0 0 6 9 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 86568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Girl

1. *Sex, (state whether male or female)* 2
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 Oct.
4. *Place of Birth, (Street and Number)* 1014 Eastern Ave.
5. *Full Name of Mother,* Bettie Tuozzo
6. *Mother's Maiden Name,* Solowski
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Pasquale Tuozzo
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 838 S. Bond St.

Remarks,

8 9 7 0 0 0 6 9 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Corlord
3. *Date of Birth,* October th 12 18[illegible]
4. *Place of Birth, (Street and Number)* 413 Regester St
5. *Full Name of Mother,* Marie Kely
6. *Mother's Maiden Name,* Marie Hulew
7. *Mother's Birthplace,* West Morland County Va
8. *Full Name of Father,* Charls Kely
9. *Father's Occupation* Chorchman
10. *Father's Birthplace,* Richmond County Va

Name of Medical Attendant, or other person who makes this Return, Susan Hooker

Address, 123 P Durham St

Remarks, Doing Well.

8 9 7 0 0 0 6 9 4 7

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[illegible] the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

OLW

RETURN OF A BIRTH. 86570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: James Pennimore Kemler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 12/97

4. Place of Birth, (Street and Number) No 1018 N Dallas Ave

5. Full Name of Mother, Theresa (Therese) Kemler

6. Mother's Maiden Name, White

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Kemler

9. Father's Occupation Ironmolder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross.

Address, No 1907 E Monument Ave.

Remarks, 8470006948

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1236.]

RETURN OF A BIRTH. 86571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 13th 1897
4. Place of Birth, (Street and Number) No. 1 Bethel Street
5. Full Name of Mother, Lucy Dillion
6. Mother's Maiden Name, Lucy Albers
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Thomas Dillion
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Lutz midwife

Address, 1539 Aliceanna Street

Remarks,

8970006949

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 13th 1897
4. *Place of Birth, (Street and Number)* 936 Will Street
5. *Full Name of Mother,* Catherine Croutsher
6. *Mother's Maiden Name,* Catherine Clarey
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles Croutsher
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Lenz midwife

Address, 1539 Alice anna Street.

Remarks,

8970006950

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M 1236]

RETURN OF A BIRTH. 86573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 13th 97
4. Place of Birth, (Street and Number) 912 Ramsay St.
5. Full Name of Mother, Mary A. Lawless
6. Mother's Maiden Name, Mary A. McKewen
7. Mother's Birthplace, Ireland
8. Full Name of Father, John J. Lawless
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Harry C. Ohle. M.D.

Address, 1203 W. Fayette St.

Remarks, 8970006951

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1336.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Oct. 13th 1897.
4. *Place of Birth, (Street and Number)* #502 Cayuga st. Balto
5. *Full Name of Mother,* Mamie Dutter
6. *Mother's Maiden Name,* Mamie Haynes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Dutter
9. *Father's Occupation* Chief
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor

Address, #611 E. Pattapsco Pk. Ave.

Remarks,

8970006952

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct 13 in 1897
4. *Place of Birth, (Street and Number)* No: 512 Frederick Ave
5. *Full Name of Mother,* Emma Forbes
6. *Mother's Maiden Name,* Emma Thomas
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Forbes
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Frederick Ave annex

Remarks,

8 9 7 0 0 0 6 9 5 3

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

x 1236.]

GIVEN NAME ADDED - 3/10/7

RETURN OF A BIRTH. 86576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: CARRIE AMELIA ~~KEMP~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 13 — 1897
4. *Place of Birth, (Street and Number)* 1119 Granby St.
5. *Full Name of Mother,* Grace Kemp
6. *Mother's Maiden Name,* Howard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Kemp
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970006954

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13th of October 1897
4. Place of Birth, (Street and Number) No 404 Monument St
5. Full Name of Mother, Salome Kohlfing
6. Mother's Maiden Name, Salome Schneider
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John M Kohlfing
9. Father's Occupation, Saloon
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Eh Lauer

Address, No 1059 Hanford Ave

Remarks, Bal. Md

897000/8955

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 13th 1897
4. Place of Birth, (Street and Number) 739 West Lexington St.
5. Full Name of Mother, Agnes Irene Nickerson
6. Mother's Maiden Name, " " Shipley
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, Charles Oscar Nickerson
9. Father's Occupation Musician
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, W. H. B. Sellman M.D.

Address, 5 E. Biddle St.

Remarks, 8970006956

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jennie Elizabeth Selinger Kraft

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* wh female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct 13 '97
4. *Place of Birth, (Street and Number)* 1803 E Federal St
5. *Full Name of Mother,* Minnie Kraft
6. *Mother's Maiden Name,* " Berthold
7. *Mother's Birthplace,* Penna
8. *Full Name of Father,* Jno Kraft
9. *Father's Occupation* Tinman
10. *Father's Birthplace,* Penna

Name of Medical Attendant, or other person who makes this Return, Wm J Watson

Address, 1601 N. Broadway

Remarks,

8970006957

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Name of Child: Anna Margarethe Heselbach 2nd.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 14th
4. Place of Birth, (Street and Number) #510 Collington Ave.
5. Full Name of Mother, Anna Amelia Heselbach
6. Mother's Maiden Name, Amelia Strat
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Benjamin Heselbach
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Payne

Address, # 611 S. Patterson Pk. Ave.

Remarks,

8970006958

Wm. J. C. Dulany Co., City Printers and Stationers.

1233.]

RETURN OF A BIRTH. 86581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 14. 1897
4. *Place of Birth, (Street and Number)* 1249 Knox Court
5. *Full Name of Mother,* Oreola Alzs
6. *Mother's Maiden Name,* Frank
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Urban Alzs
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schmartz

Address, 434 Fort Ave

Remarks,

8970006959

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14 of Oct 1897
4. *Place of Birth, (Street and Number)* 2045 E Lombard St
5. *Full Name of Mother,* Mary E Susemihl
6. *Mother's Maiden Name,* Collier
7. *Mother's Birthplace,* Hampton Va
8. *Full Name of Father,* Louis Susemihl
9. *Father's Occupation* Music Teacher
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, M A Davenport

Address, 2024 E Pratt St

Remarks, All Right

8970006960

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ida Henrietta Parkent

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Twins Male & Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 14 — 1897
4. Place of Birth, (Street and Number) 315 S. Spring St.
5. Full Name of Mother, Kate Parkent
6. Mother's Maiden Name, Fischer
7. Mother's Birthplace, Germany
8. Full Name of Father, John Parkent
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, GIVEN NAME ADDED 3-2-54 L M

8970006961

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 14 — 1897
4. Place of Birth, (Street and Number) 1011 S. Potomac St.
5. Full Name of Mother, Kate Hetrick
6. Mother's Maiden Name, Buettner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Hetrick
9. Father's Occupation Werftbuilder
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

1897000 6962

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1236.]

RETURN OF A BIRTH. 80583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 14 1897
4. Place of Birth, (Street and Number) 1425 Fairmount Ave.
5. Full Name of Mother, Hetty Baker
6. Mother's Maiden Name, Sulavon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Baker
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1497 E. Fath St.

Remarks,

8970006963

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1[illegible]
4. *Place of Birth, (Street and Number)* 825 S. Bond St.
5. *Full Name of Mother,* Annie Ulrich
6. *Mother's Maiden Name,* Gastala
7. *Mother's Birthplace,* Hungar
8. *Full Name of Father,* Jacob Ulrich
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 838 S. Bond St.

Remarks,

8 9 7 0 0 0 6 9 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] 1236 |

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 Oct.
4. *Place of Birth, (Street and Number)* 829 S. Bond St.
5. *Full Name of Mother,* Frances Fiebe
6. *Mother's Maiden Name,* Mach
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Joseph Fiebe
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Bell

Address, 828 S. Bond St.

Remarks,

8970006965

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1236.]

RETURN OF A BIRTH. 86588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct-14th 1897
4. Place of Birth, (Street and Number) 1417 Vincent Alley
5. Full Name of Mother, Sarah Durham
6. Mother's Maiden Name, Sarah Tollers
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles Durham
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Hardy

Address, 1809 Lawson Alt

Remarks,

8 9 7 0 0 0 6 9 6 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 7-30-59

RETURN OF A BIRTH. 86589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace E. Butler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Childrend

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Coled
3. *Date of Birth,* Oct 14 1897
4. *Place of Birth, (Street and Number)* 243 amity Street
5. *Full Name of Mother,* Maream Reiston
6. *Mother's Maiden Name,* Maream Butler
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Williams Butler
9. *Father's Occupation* bellman
10. *Father's Birthplace,* Virginia West

Name of Medical Attendant, or other person who makes this Return, Mrs Louisa Laune

Address, 622 Sarah ann Street

Remarks,

8970006967

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 14, 1897
4. Place of Birth, (Street and Number) 625 N Wallas St
5. Full Name of Mother, Mollie Toles
6. Mother's Maiden Name, E Mollie Hoddie
7. Mother's Birthplace, Lanster County Va
8. Full Name of Father, Griffin Toles
9. Father's Occupation Labor
10. Father's Birthplace, Lanster County Va

Name of Medical Attendant, or other person who makes this Return, Susan Hooper

Address, 123 Durham St

Remarks, Doing well

8970006968

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 3 1897
4. *Place of Birth, (Street and Number)* 203 Little Goff St
5. *Full Name of Mother,* Lena Mannish
6. *Mother's Maiden Name,* Dennevitzka
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Mannish
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finsberg

Address, 25 Lloyd St

Remarks,

8 9 7 0 0 0 6 9 6 9

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M 1236.]

RETURN OF A BIRTH. 86577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 3 1897
4. Place of Birth, (Street and Number) 109 Albemarle St
5. Full Name of Mother, Libby Myerowitz
6. Mother's Maiden Name, Cooper
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Myerowitz
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finkberg

Address, 25 Lloyd St

Remarks,

8 4 7 0 0 0 6 9 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH. 86593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 5 1897
4. *Place of Birth, (Street and Number)* 29 Albemarle St
5. *Full Name of Mother,* Minnie Shanker
6. *Mother's Maiden Name,* M. Hurovitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Shanker
9. *Father's Occupation* Presser
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 25 Lloyd St

Remarks,

8970006971

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1235.]

RETURN OF A BIRTH. 86594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 8th 1897
4. *Place of Birth, (Street and Number)* ~~Exeter~~ Exeter Hall Av
5. *Full Name of Mother,* Barbara Mier
6. *Mother's Maiden Name,* Baz ~~Sliebe~~ Sliebner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fredrick Mier
9. *Father's Occupation* Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1610 Wolf st

Remarks,

8970006972

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 9 1897
4. *Place of Birth, (Street and Number)* 1127 Low St
5. *Full Name of Mother,* Rachel Rubin
6. *Mother's Maiden Name,* Ber Shurman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Rubin
9. *Father's Occupation* Dairying
10. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return, Rosa Finebery

Address, 25 Lloyd St

Remarks,

8970006973

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

[illegible] occurred under his or her care during the [illegible] as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 10 1897
4. *Place of Birth, (Street and Number)* 25 Lloyd St
5. *Full Name of Mother,* Bessie Goldberg
6. *Mother's Maiden Name,* B Isaacson
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Frank Goldberg
9. *Father's Occupation* Parlor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 25 Lloyd St

Remarks,

8970006974

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

been conferred) its sex, color, the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 11 1897
4. *Place of Birth, (Street and Number)* 403 S High St
5. *Full Name of Mother,* Julia Camming
6. *Mother's Maiden Name,* Wolpert
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harry Camming
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fincher

Address, 25 Lloyd St

Remarks,

8970006975

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th Oct 1897
4. Place of Birth, (Street and Number) 1500 N. Gay st
5. Full Name of Mother, Theresa Kamelmier
6. Mother's Maiden Name, Theresa Prontel
7. Mother's Birthplace, Germany
8. Full Name of Father, Sigmond Kamelmier
9. Father's Occupation Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1610 N. Wolfe st

Remarks, 8970006976

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1213.]

RETURN OF A BIRTH. 86599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 12th 1897
4. *Place of Birth, (Street and Number)* 1536 Washington st
5. *Full Name of Mother,* Bertha Waitz
6. *Mother's Maiden Name,* Bertha Kargerich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* C. Willis Waitz
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1616 Wolf st

Remarks,

8970006977

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236

RETURN OF A BIRTH. 86600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14th inst 97
4. Place of Birth, (Street and Number) 1628 Ashland Ave
5. Full Name of Mother, Annie B Blessing
6. Mother's Maiden Name, Annie B Brashlare
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank J Blessing
9. Father's Occupation Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary E Price

Address, 1630 Ashland Ave

Remarks, Healthy Child

8 9 7 0 0 0 6 9 7 8

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d,~~ &c.) 2.

1. *Sex, (~~state whether male or~~ female)* female

2. *Race or Color, (~~if not of the white race~~)* Colored

3. *Date of Birth,* Oct. 15-1897 at 10 minutes of 1. P.m

4. *Place of Birth, (Street and Number)* 812. North Gilmor Street

5. *Full Name of Mother,* Mollie. Chapple

6. *Mother's Maiden Name,* — — Howard

7. *Mother's Birthplace,* Baltimore City. m. d.

8. *Full Name of Father,* Charles Chapple

9. *Father's Occupation* labor

10. *Father's Birthplace,* Baltimore city. m. d.

Name of Medical Attendant, or other person who makes this Return, J. Johns. Amos. Cooper

Address, 920 Hunter Street

Remarks, Mother and Daughter well as can expect

8 4 7 0 0 0 6 9 7 9 Balto City m d

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 3.

1. Sex, (~~state whether male or~~ female) female
2. Race or Color, (~~if not of the white race~~) colored
3. Date of Birth, Oct. 15-1897. at 10 minutes of 2. P.M.
4. Place of Birth, (Street and Number) 607 N. Dallas Street-
5. Full Name of Mother, Lucy. Bell. Watkins
6. Mother's Maiden Name, ---- Wilkerson
7. Mother's Birthplace, New Kent County, V.a.
8. Full Name of Father, Louis. E. Watkins
9. Father's Occupation Drayman
10. Father's Birthplace, Baltimore city m d

Name of Medical Attendant, or other person who makes this Return, Joseph Lee. amos. Cooper

Address, 920 Shuter Street-

Remarks, Mother and Daughter both are well

8970006980

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1256

RETURN OF A BIRTH. 86603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 15th 1897
4. Place of Birth, (Street and Number) 1526 McElderry St.
5. Full Name of Mother, Matilda Fladung.
6. Mother's Maiden Name, " Mardaf
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Frederick Fladung
9. Father's Occupation Cigar Manufacturer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Walter W. White Jr. M.D.

Address, #1101 N. Broadway.

Remarks,

8 9 7 0 0 0 6 9 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 15th 92
4. *Place of Birth, (Street and Number)*	507 W. Franklin st
5. *Full Name of Mother,*	Anna Schaefer
6. *Mother's Maiden Name,*	Meerits
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	John Schaefer
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return,	Chas. L. Buddenbohn M.D.
Address,	418 S. Paca st.
Remarks,	

8 9 7 0 0 0 6 9 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

GIVEN NAME ADDED 3-30-60

RETURN OF A BIRTH. 86605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Bloss ——— Raynor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15 October 1897
4. Place of Birth, (Street and Number) 807 Fort Ave.
5. Full Name of Mother, Josephine Raynor
6. Mother's Maiden Name, " Trapp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Raynor.
9. Father's Occupation Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Emily Mayer.

Address, 1331 Hull St. Locust Point.

Remarks,

8970006983

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 86606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 10, 1897
4. *Place of Birth, (Street and Number)*	1318 N Washington St
5. *Full Name of Mother,*	Minnie E. Brimont
6. *Mother's Maiden Name,*	" " Conroy
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Thomas A. Brimont
9. *Father's Occupation,*	Sign Painter
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Walter W. White, M.D.
Address,	1101 N. Broadway
Remarks,	

8970006984

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 86607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct. 13th 1897.
4. Place of Birth, (Street and Number) 820 Stirling st.
5. Full Name of Mother, Ida B. Edwards.
6. Mother's Maiden Name, Ida B. Gray.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, George W. Edwards.
9. Father's Occupation Teamster.
10. Father's Birthplace, Anne Arundel Co.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Chant.

Address, 830 Rogers Ave.

Remarks,

8970006985

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 86608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 15 1897
4. Place of Birth, (Street and Number) 36 Mayford Ave
5. Full Name of Mother, Matilda Victoria Thompson
6. Mother's Maiden Name, " " Nordling
7. Mother's Birthplace, Finland
8. Full Name of Father, John A Thompson
9. Father's Occupation Mariner
10. Father's Birthplace, Finland

Name of Medical Attendant, or other person who makes this Return, J T Spicknall MD

Address, 140 Patterson Park Ave

Remarks,

8 7 7 0 0 0 6 9 8 6

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to The Physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 18th 1897
4. *Place of Birth, (Street and Number)* 527 S Charles St
5. *Full Name of Mother,* Ella Harrington
6. *Mother's Maiden Name,* Ella Thumlert
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* William Stewart Harrington
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Henry H Jmhofe Md

Address, 526 S Charles St

Remarks, 8970006987

[illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236

RETURN OF A BIRTH. 86610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 Oct.
4. Place of Birth, (Street and Number) Aliciana St. 1412
5. Full Name of Mother, Sena Beck
6. Mother's Maiden Name, Hammer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Beck
9. Father's Occupation Beer-saloon
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this, Return, Mary Pratt

Address, 136 S. Bond St.

Remarks,

8 9 7 0 0 0 6 9 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 86611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1922 E. Eager St.
4. Place of Birth, (Street and Number) Oct. 15/97
5. Full Name of Mother, Grace L. Kuntle
6. Mother's Maiden Name, Grace L Hamill
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Herman P. Kuntle
9. Father's Occupation Ball Player
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Geo. H. Mitchell

Address, 913 N Broadway

Remarks,

897000;989

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th October 97
4. Place of Birth, (Street and Number) 1213 Scott st
5. Full Name of Mother, Grace Gertrude Sedicum
6. Mother's Maiden Name, Grace Gertrude Magruder
7. Mother's Birthplace, Balto City
8. Full Name of Father, Asa Theodore Sedicum
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Miss Catherine Cross

Address, 660 W. Saratoga St.

Remarks,

8970006990

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 86613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~839 N. Gilmor St~~ Oct. 15. 1897
4. Place of Birth, (Street and Number) 839 N. Gilmor St.
5. Full Name of Mother, Laura Callahan
6. Mother's Maiden Name, Munn
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Edward Callahan
9. Father's Occupation Trimmer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. W. Dancy M.D.

Address, ~~839 N. Gilmor St~~ 146 E. Read St

Remarks,

8970006991

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 16 1897
4. *Place of Birth, (Street and Number)* 642 W Lombard
5. *Full Name of Mother,* Lola L Baker
6. *Mother's Maiden Name,* Lola L Lewis
7. *Mother's Birthplace,* Queen Anne Co Md
8. *Full Name of Father,* Theodore Baker
9. *Father's Occupation* Stock keeping
10. *Father's Birthplace,* Prince Georges Co Md

Name of Medical Attendant, or other person who makes this Return, ...

Address, Mrs Lola L Baker 642 ~~W Lombard~~ W Fayette St

Remarks, ...

8 9 7 0 0 0 6 9 9 2

Wm. J. C. Dulany Co., City Printers and Stationers

1236.]

RETURN OF A BIRTH. 86615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 16
4. *Place of Birth, (Street and Number)*	#2306 Eastern Ave
5. *Full Name of Mother,*	Maggie Schroll
6. *Mother's Maiden Name,*	Maggie Smith
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Paul Schroll
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltr
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	#24 T S. Chester st.
Remarks,	

8 4 7 0 0 0 6 9 9 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 October 1897.
4. Place of Birth, (Street and Number) 15 West Randall St.
5. Full Name of Mother, Elsie Bellman
6. Mother's Maiden Name, Elsie Tulice
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Bellman
9. Father's Occupation Cigar maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elsie Brooks.

Address, 1828 Light St.

Remarks, Doing Well.

8 9 7 0 0 0 6 9 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White American
3. *Date of Birth,* October 16th 1897
4. *Place of Birth, (Street and Number)* 1367 N. Stricker St.
5. *Full Name of Mother,* Eva Roeseke
6. *Mother's Maiden Name,* Eva Wambach
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Peter Roeseke
9. *Father's Occupation* Furnaceman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jas. M. J. Stockney

Address, 731 Cumberland St

Remarks,

8970006995

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1897-11

RETURN OF

To the Office of Registrar of Vital Statistics, Boar[illegible] of Hea[illegible]

86970

Child of Mother, (state whether 1st, 2d, 3d, &c.) I

(state whether male or female) Girl

ce or Color, (if not of the white race) White

te of Birth, Oct. 21 97

lace of Birth, (Street and Number) 225 N. Montford Ave.

ull Name of Mother, Dora Schaefer

Mother's Maiden Name, Bradley

Mother's Birthplace, Balto.

Full Name of Father, Joseph Schaefer

Father's Occupation Laber[illegible]

Fathe s Birthplace, [illegible]

am of Medical Attendant, or other person who makes this Re[illegible]

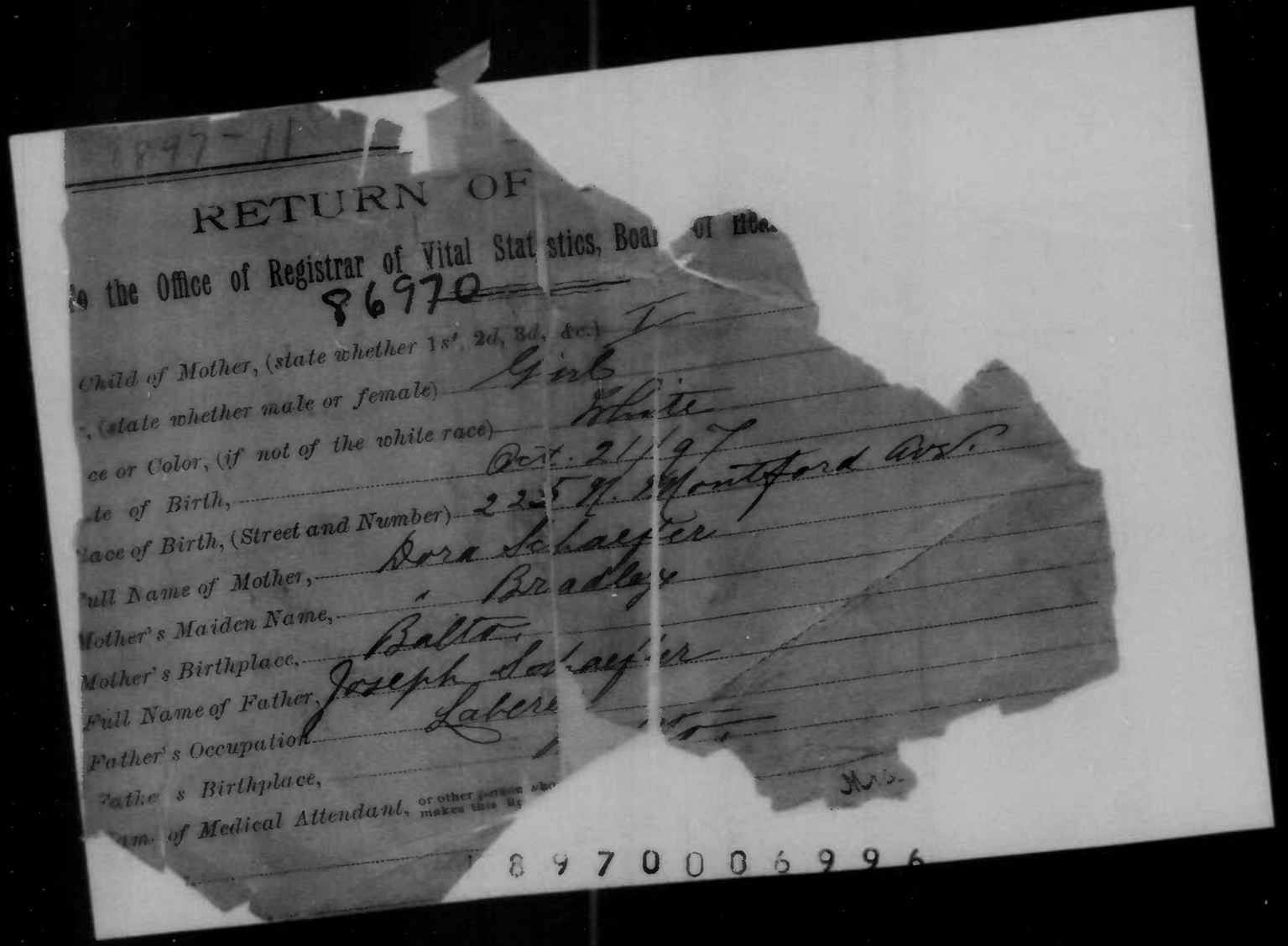
M.D.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission



1897-11

RETURN OF

to the Office of Registrar of Vital Statistics, Boa[illegible] of Hea[illegible]

86970

Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

, (state whether male or female) Girl

ce or Color, (if not of the white race) White

te of Birth, Oct. 21 97

lace of Birth, (Street and Number) 225 N. Montford Ave.

ull Name of Mother, Dora Schaefer

Mother's Maiden Name, Bradley

Mother's Birthplace, Balto.

Full Name of Father, Joseph Schaefer

Father's Occupation Laber[illegible]

Father's Birthplace, [illegible]

[illegible]am. of Medical Attendant, or other person who makes this R[illegible]

Mrs.

8970006996

RETURN OF A BIRTH. 86972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

(state whether male or female) Female

ce or Color, (if not of the white race) White

te of Birth, October 21/97

ce of Birth, (Street and Number) 2407 Madison Av

l Name of Mother, Mary Hoffman

her's Maiden Name, Mary Anderson

her's Birthplace, Pa.

l Name of Father, Ph H Hoffman

her's Occupation Com. of Deeds.

her's Birthplace, Md.

me of Medical Attendant, or other person who makes this Return, A C Pole

dress, 2038 Madison Av

marks, 8970006997

City Printers and Stationers.

1897-11 RETURN OF A BIRTH. 86974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 21. 1897
4. Place of Birth, (Street and Number) Ramsey St No 1822
5. Full Name of Mother, mary Laura Lowman
6. Mother's Maiden Name, mary Laura Lowe
7. Mother's Birthplace, Cella M D
8. Full Name of Father, Joseph A Lowman
9. Father's Occupation Painter
10. Father's Birthplace, Cella M D

Name of Medical Attendant, or other person who makes this Return, Mrs J Kelley

Address, No 1922 Wilkins Ave

Remarks, 8 9 7 0 0 0 6 9 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

RETURN OF A BIRTH. 8697

86975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 21.18.9
4. Place of Birth, (Street and Number) Vincent Place No 200
5. Full Name of Mother, Sofey Eisenhower
6. Mother's Maiden Name, Sofey montley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John W Eisenhower
9. Father's Occupation Baltimore Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Wilkins Ave

Remarks, 8 9 7 0 0 0 6 9 9 9

City Printers and Stationers.

RETURN OF A BIRTH. 86976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 of Oktober
4. Place of Birth, (Street and Number) 903 Wolfe str
5. Full Name of Mother, Mary Kaspar
6. Mother's Maiden Name, Mary Holul
7. Mother's Birthplace, Bohemie
8. Full Name of Father, Josef Kaspar
9. Father's Occupation Shoe Maker
10. Father's Birthplace, Bohemie

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1010 Durham str

Remarks, 1 8 9 7 0 0 0 7 0 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 14/97
4. Place of Birth, (Street and Number) 2728 Huntingdon Ave
5. Full Name of Mother, Ruth Anna Emmart
6. Mother's Maiden Name, Ruth Anna Kelly
7. Mother's Birthplace, Balto Co Md.
8. Full Name of Father, Henry F. Emmart
9. Father's Occupation Motorman
10. Father's Birthplace, Balto. Co Md

Name of Medical Attendant, or other person who makes this Return, Bernhard Vogel M.D.

Address, 522 Pearl St

Remarks,

8970007001

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred its sex, colour, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[36.]

RETURN OF A BIRTH. 86978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October the 21st 1877
4. *Place of Birth, (Street and Number)* Eastern Ave 1922
5. *Full Name of Mother,* Augusta Parker
6. *Mother's Maiden Name,* Augusta Costa
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* John Parker
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, M. D. Kelly

Address, 1922 Eastern Ave

Remarks, 8970007002

Wm. J. C. Dulany Co,. City Printers and Stationers.

36.]

RETURN OF A BIRTH. 86979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 - Walter Plummer Lowe

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 21st 1897
4. Place of Birth, (Street and Number) Louden Av No. 11
5. Full Name of Mother, ida Lowe
6. Mother's Maiden Name, ida harvey
7. Mother's Birthplace, Prince georges C O M D
8. Full Name of Father, george C Lowe
9. Father's Occupation Butcher
10. Father's Birthplace, Prince georges C O M D

Name of Medical Attendant, or other person who makes this Return, Mr S Kelley

Address, No 1922 Wilkins Av

Remarks, Full name of child added by father.

George C Lowe to Mr Fisher 8970007003 H Wehn - Reg.

March 23-1938.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

736.]

GIVEN NAME ADDED 4-13-56

RETURN OF A BIRTH. 869 80

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Maria ~~Mathias~~ 3?.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* October 21, 1897.
4. *Place of Birth, (Street and Number)* 70 Brick Hill, Mt. Vernon.
5. *Full Name of Mother,* Sarah C. Mathias.
6. *Mother's Maiden Name,* Shaffer.
7. *Mother's Birthplace,* Pa.
8. *Full Name of Father,* John C. Mathias.
9. *Father's Occupation* Cotton Mill operative.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 9 7 0 0 0 7 0 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

been completed as to sex, color, the full name and occupation of the parents, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 21st October 1897
4. Place of Birth, (Street and Number) 1025½ Hart ave.
5. Full Name of Mother, Katherine Hofmann
6. Mother's Maiden Name, " Helmstadter
7. Mother's Birthplace, Rahway N. J.
8. Full Name of Father, Henry Hofmann Jr
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 800 Leadenhall Street.

Remarks,

8 9 7 0 0 0 7 0 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

35.]

RETURN OF A BIRTH. 86 982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 21/92
4. *Place of Birth, (Street and Number)* 1621 Thames
5. *Full Name of Mother,* Stanislawa Malecka
6. *Mother's Maiden Name,* St Rosniak
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Carl Malecki
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Regan

Address, Ann St 721

Remarks, Baltimore

8 9 7 0 0 0 7 0 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oktober 21/97
4. Place of Birth, (Street and Number) 1727 Lancaster St
5. Full Name of Mother, Mary Bardkowiak
6. Mother's Maiden Name, Mc Andrzejczek
7. Mother's Birthplace, Germany
8. Full Name of Father, Stanislaus Bardkowiak
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, Ann St 721

Remarks, Baltimore

8970007007

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 21
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Leah Sanders
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D Love

Address, 622 W Lombard

Remarks,

847000070008

been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[36.]

RETURN OF A BIRTH. 86985

GIVEN NAME ADDED 2-14-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Katherine L. Mitchell 3d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 21st Oct 1897

4. Place of Birth, (Street and Number) 598 E Fort Ave

5. Full Name of Mother, Mary E Mitchell

6. Mother's Maiden Name, Craig

7. Mother's Birthplace, Balto

8. Full Name of Father, Harry A Mitchell

9. Father's Occupation Tinner

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agnew

Address, 650 E Fort Ave

Remarks,

84700087009

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

GIVEN NAME ADDED 5-12-64

RETURN OF A BIRTH. 86986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Lillian Leeanna Gaither

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 21st 1897
4. *Place of Birth, (Street and Number)* 1628 Eight st
5. *Full Name of Mother,* Lena May Gaither
6. *Mother's Maiden Name,* " " Danges
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas H Gaither
9. *Father's Occupation* Car Conductor
10. *Father's Birthplace,* Montgomery Co

Name of Medical Attendant, or other person who makes this Return, Mrs E J Brooks

Address, 828 Eight St

Remarks, Doing Well

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970007010

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RETURN OF A BIRTH. 86987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 21st 1897
4. Place of Birth, (Street and Number) 13 N. Front ave
5. Full Name of Mother, Kattie Ward
6. Mother's Maiden Name, " Kane
7. Mother's Birthplace, Balto
8. Full Name of Father, Peter Ward
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E. A. Brooks

Address, 1828 Light St

Remarks, Living Well

8970007011

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 21st 1897
4. *Place of Birth, (Street and Number)* 1730 Hanover st
5. *Full Name of Mother,* Aurelia Hoffman
6. *Mother's Maiden Name,* " Whisner
7. *Mother's Birthplace,* Morgan Co. W. Va.
8. *Full Name of Father,* Edward Hoffman
9. *Father's Occupation* Conductor on Bond O
10. *Father's Birthplace,* Morgan Co. W. Va

Name of Medical Attendant, or other person who makes this Return, Mrs E. A. Brooks

Address, 1828 Light st

Remarks, Bead

8970007012

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected, his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. 3 4
1. *Sex, (state whether male or female)*	Twin Mals
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21st of Oct Tuesday 97
4. *Place of Birth, (Street and Number)*	2202 Wilkens Ave
5. *Full Name of Mother,*	Mary Caprwell
6. *Mother's Maiden Name,*	Mary Lang
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Walter C. Caprwell
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friedenike Keuler Midwife
Address,	2116 W Pratt St
Remarks,	

8 4 7 0 0 0 7 0 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 86990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 22/97.
4. *Place of Birth, (Street and Number)* 274 Holliday st.
5. *Full Name of Mother;* Flora Bell Zimmerman.
6. *Mother's Maiden Name,* Flora Bell Lewis.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* William Thomas Zimmerman
9. *Father's Occupation* Engineman.
10. *Father's Birthplace,* Cumberland, Md.

Name of Medical Attendant, or other person who makes this Return, A. J. Shelley M.D.

Address, 426 Chestnut Ave.

Remarks,

8 4 7 0 0 0 7 0 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 869

86991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, Oct. 22/97
4. Place of Birth, (Street and Number) 2511 Salem St.
5. Full Name of Mother, Mrs F. Wm. Hoffman
6. Mother's Maiden Name, Lizzie Mehring
7. Mother's Birthplace, Balto.
8. Full Name of Father, F. Wm. Hoffman
9. Father's Occupation Driver
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.

Address, 2531 Penna.

Remarks,

8970007015

Wm. J. C. Dulany Co., City Printers and Stationers.

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Record of Vital Statistics

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery ... Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th one

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 October 1897

4. Place of Birth, (Street and Number) 1151 Nanticoke

5. Full Name of Mother, Mary M. Brandt

6. Mother's Maiden Name, Mary M. Dawn

7. Mother's Birthplace, Germany

8. Full Name of Father, Frederick L. Brandt

9. Father's Occupation Shoe-maker

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 W. Cross St.

Remarks, 8970007016

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 86993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 22nd 1897
4. Place of Birth, (Street and Number) 1224 Wall St
5. Full Name of Mother, Lillian G. Jones
6. Mother's Maiden Name, Shaffer
7. Mother's Birthplace, Carroll Co
8. Full Name of Father, Walter A. Jones
9. Father's Occupation Machinist
10. Father's Birthplace, Jonestown

Name of Medical Attendant, or other person who makes this Return, Mrs E. A. Brooks

Address, 1828 Eight St

Remarks, Rain Well

8 9 7 0 0 0 7 0 1 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 One

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 October

4. Place of Birth, (Street and Number) 2047 Wilkins Ave

5. Full Name of Mother, Louisa, Anna, ~~[illegible]~~ Ries

6. Mother's Maiden Name, Louisa Anna Schultheis

7. Mother's Birthplace, Catonsville Baltimore County

8. Full Name of Father, Fredrick J. Ries

9. Father's Occupation Barkeeper

10. Father's Birthplace, Philadelphia, Pa

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 W. Cross St

Remarks, 8970007018

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 22
4. *Place of Birth, (Street and Number)* Landhurst Edmonds son Ave
5. *Full Name of Mother,* Margret Santman
6. *Mother's Maiden Name,* Margret Sproul
7. *Mother's Birthplace,* Baltimore Co
8. *Full Name of Father,* John Santman
9. *Father's Occupation* Gardner
10. *Father's Birthplace,* Mashere Germany

Name of Medical Attendant, or other person who makes this Return, Mary J. Peregoy

Address, 2847 Lanvale St

Remarks, 8970007019

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-17-57

RETURN OF A BIRTH. 86996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rose Pearl ~~Rosenberg~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Oct 22-97

4. *Place of Birth, (Street and Number)* 219 N. Exeter

5. *Full Name of Mother,* Rebecca Rosenberg

6. *Mother's Maiden Name,* Rebecca Hankins

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Jacob Rosenberg

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Thomas Sandler

Address, 700 E Baltimore St

Remarks, 8 9 7 0 0 0 7 0 2 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

tion of its parents, the date and place of birth; and the been conferred, its sex, color, the full name and occupation of said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 22-97.
4. *Place of Birth, (Street and Number)* 106 South Exeter
5. *Full Name of Mother,* Sarah Schwimmer
6. *Mother's Maiden Name,* Sarah Jaerson
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Max Schwimmer
9. *Father's Occupation* Tailor.
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, M. Savage M.D.

Address, 6. S. Exeter St.

Remarks, 8970007021

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED. 4-1-58

RETURN OF A BIRTH. 86998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Violet Elsie Hutchinson 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 17th 97

4. Place of Birth, (Street and Number) 38 East 26th St

5. Full Name of Mother, Annie Elsie Hutchinson

6. Mother's Maiden Name, Dodem.

7. Mother's Birthplace, Balto.

8. Full Name of Father, David K. Hutchinson

9. Father's Occupation, Clerk.

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, L. K. Christian M. D

Address, 801 Madison Ave.

Remarks, 8970007022

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Louise Craumer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 20" 1897
4. Place of Birth, (Street and Number) 1936 Harlem Av
5. Full Name of Mother, Mary Emma Craumer
6. Mother's Maiden Name, Leib
7. Mother's Birthplace, York Co Pa
8. Full Name of Father, Thomas Edward Craumer
9. Father's Occupation, Clerk in Treasurer's office N. C. R. R. Co
10. Father's Birthplace, York Pa

Name of Medical Attendant, or other person who makes this Return, E. W. Free

Address, 602 N Carey St

Remarks, GIVEN NAME ADDED 11-5-53

8970007023

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 21 97
4. *Place of Birth, (Street and Number)*	622 Constitution St
5. *Full Name of Mother,*	Annie Finnegan
6. *Mother's Maiden Name,*	" Doyle
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Jno. Finnegan
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	736 E. Preston St.
Remarks,	8970007024

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 Oct.
4. *Place of Birth, (Street and Number)* 1618 Thames St.
5. *Full Name of Mother,* Helen Gutovsky
6. *Mother's Maiden Name,* Nevirostka
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Aleksandr Gutovsky
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 838 S. Bond St.

Remarks,

1 8 9 7 0 0 0 7 0 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 22nd 1897.
4. *Place of Birth, (Street and Number)* 1511 Jefferson st.
5. *Full Name of Mother,* Fannie M. Deahl
6. *Mother's Maiden Name,* " " Gregory
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Wm. H. Deahl
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks, 8970007026

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 87053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 22 October 1899

4. Place of Birth, (Street and Number) Baltimore 1241 W. Cross St

5. Full Name of Mother, Bridget Mc Carthy

6. Mother's Maiden Name, Bridget Dermid

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick Mc Carthy

9. Father's Occupation Boiler Maker

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs M Ledley

Address, 1004 W. Lexington St

Remarks, 8 9 7 0 0 0 7 0 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

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GIVEN NAME ADDED 3/8/17 [illegible]

RETURN OF A BIRTH. 87004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Lemuel Gerhardt Lentz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 Oct 1887
4. *Place of Birth, (Street and Number)* 1709 Byrd st
5. *Full Name of Mother,* Mary F. Lentz
6. *Mother's Maiden Name,* " " Robinson
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Lentz
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. E. A. Brader

Address, 1328 Sylvan st

Remarks, Coin Well

8970007028

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 87005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 23rd 1897
4. *Place of Birth, (Street and Number)* 1221 William st
5. *Full Name of Mother,* Alice Langville
6. *Mother's Maiden Name,* " Abby
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo Langville
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E. C. Brooks

Address, 1828 Light St

Remarks, Baby Well

8970007029

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 23. 1897.
4. *Place of Birth, (Street and Number)* 1913 Harlem Ave.
5. *Full Name of Mother,* Nellie Walters
6. *Mother's Maiden Name,* Nellie Richardson.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Joseph Walters.
9. *Father's Occupation* Machinist.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Julia V. Downes, Mid.

Address, 708 W. Fayette St City.

Remarks, 8970007030

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Octob. 23/97
4. Place of Birth, (Street and Number) 2028 McCulloh St.
5. Full Name of Mother, Harriet Strobel
6. Mother's Maiden Name, Harriet Zimmerman
7. Mother's Birthplace, Balto.
8. Full Name of Father, Albert O Strobel
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, A. Polk

Address, 2038 Madison Ave

Remarks, 8970007031

Said Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the presence of the parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 23/97
4. *Place of Birth, (Street and Number)* 2224 Bank St.
5. *Full Name of Mother,* Elizabeth Schamel
6. *Mother's Maiden Name,* " Mollo
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Schamel
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 8 9 7 0 0 0 7 0 3 2 2225 Gough St. Baltimore, Md.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-19-59

RETURN OF A BIRTH. 87009

[illegible] Statistics, Board of Health, Baltimore City.

Helen Katherine Souder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 23 - 1897
4. Place of Birth, (Street and Number) 815 Calverton road
5. Full Name of Mother, Anna M Souder
6. Mother's Maiden Name, Anna M Knall
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles F Souder
9. Father's Occupation Commission Me
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary I Peregoy

Address, 2847 Lanvale St

Remarks, 8970007033

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23 th of October
4. *Place of Birth, (Street and Number)*	Baltimore 717 East St
5. *Full Name of Mother,*	Catherine Amelia Smith
6. *Mother's Maiden Name,*	Catherine Williams
7. *Mother's Birthplace,*	Washington
8. *Full Name of Father,*	George John Smith
9. *Father's Occupation*	Oliver Blower
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Deems
Address,	778 W. Hamburg St.
Remarks,	18970007034

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RETURN OF A BIRTH. 87011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~10~~ 1st.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 23 97.
4. *Place of Birth, (Street and Number)*	2204 Barclay St.
5. *Full Name of Mother,*	E. E. Kuntz
6. *Mother's Maiden Name,*	E. E. Lawson
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	L. J. Kuntz
9. *Father's Occupation*	Lawyer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	726 E. Fusto St.
Remarks,	† 8970007035

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 87012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Oct. 23 '97.
4. Place of Birth, (Street and Number) 116 Rope Walk Lane.
5. Full Name of Mother, Martha Johnson.
6. Mother's Maiden Name, Md.
7. Mother's Birthplace, Joseph Parker.
8. Full Name of Father, Laborer.
9. Father's Occupation Md.
10. Father's Birthplace, M.L. Todd

Name of Medical Attendant, or other person who makes this Return, Md Genl. Hosp.

Address,

Remarks, 8970007036

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 87013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oktober 28/97
4. *Place of Birth, (Street and Number)* 829 Bond St
5. *Full Name of Mother,* Anne Szulkiewicz
6. *Mother's Maiden Name,* A Wajer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Szulkiewicz
9. *Father's Occupation* Fabr Molde
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, Ann St 721

Remarks, 8 9 7 0 3 0 6 1 0 3 7

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each completed; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 23d Oct 1897
4. *Place of Birth, (Street and Number)* 1733 Covington St
5. *Full Name of Mother,* Annie McClintock
6. *Mother's Maiden Name,* Shaffer
7. *Mother's Birthplace,* Hyndman Pa
8. *Full Name of Father,* Elsworth McClintock
9. *Father's Occupation* Lumberman
10. *Father's Birthplace,* Harrisburg Pa

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 650 E Fort ave

Remarks, 8970007038

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23 rd of October 97.
4. *Place of Birth, (Street and Number)*	316 Forrest St
5. *Full Name of Mother,*	Mary Hauenstein
6. *Mother's Maiden Name,*	Mary Dickermann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Hauenstein
9. *Father's Occupation*	Saloonkeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friedrike Keiler Midwife
Address,	216 W. Pratt St
Remarks,	8970007039

Wm. J. C. Dulany Co,. City Printers and Stationers.

[236]

RETURN OF A BIRTH. 87016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 Oct.
4. Place of Birth, (Street and Number) 622 S. Bethel St.
5. Full Name of Mother, Josefshine (Boleh) Bullock
6. Mother's Maiden Name, Hudeček
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Joseph (Boleh) Bullock
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Prell

Address, 838 S. Bond St.

Remarks, 8970007040

Been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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36.]

RETURN OF A BIRTH. 87017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 of Oktober 1896
4. *Place of Birth, (Street and Number)* 971 Durham str
5. *Full Name of Mother,* Lisi Maršálek
6. *Mother's Maiden Name,* Lisi Fuka
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jaroslav Maršalek
9. *Father's Occupation* Thailor
10. *Father's Birthplace,* Bohemie

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1010 Durham str

Remarks, 8 9 7 0 0 0 7 0 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 87018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24th Oct 1897
4. *Place of Birth, (Street and Number)* 114 E Clement St
5. *Full Name of Mother,* Sophia Cannon
6. *Mother's Maiden Name,* Letz
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Milton Cannon
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agnell

Address, 6 E O E Fort ave

Remarks,

8970007042

Wm. J. C. Dulany Co,. City Printers and Stationers.

236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October the 24-18-97
4. *Place of Birth, (Street and Number)* Vincent Place No 2-12
5. *Full Name of Mother,* Barbary Wolf
6. *Mother's Maiden Name,* Barbary Lasselburg
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph W Wolf
9. *Father's Occupation* Cooley maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 19-33 Wilkins Ave

Remarks, 8970007043

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 87020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 24th 1897
4. Place of Birth, (Street and Number) No 9 Kossuth St
5. Full Name of Mother, Katie Selby
6. Mother's Maiden Name, Katie Dinges
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Walter Selby
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas.

Address, No 512 Frederick Ave

Remarks,

8970007044

Wm. J. C. Dulany Co,. City Printers and Stationers.

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RETURN OF A BIRTH. 87021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 24. (5. 30. A. M.)
4. *Place of Birth, (Street and Number)* 1702 Crystal Ave.,
5. *Full Name of Mother,* Ottilie Charlotte Clark,
6. *Mother's Maiden Name,* Bittner,
7. *Mother's Birthplace,* Clay Co. Indiana,
8. *Full Name of Father,* James Henry Clark,
9. *Father's Occupation* Boyler Maker,
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kanny (for the

Address, Mothers Relief Society) 1442 Gutaw Place

Remarks, 8970007045

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 24th
4. *Place of Birth, (Street and Number)* 860 Mangold St.
5. *Full Name of Mother,* Annie Estelle Kroener
6. *Mother's Maiden Name,* Annie " Fish
7. *Mother's Birthplace,* East New Market Tor-Co
8. *Full Name of Father,* George Theodore Kroener
9. *Father's Occupation* Night Watchman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Range

Address, 711 St. Cross St

Remarks,

8 9 7 0 0 0 7 0 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6.]

RETURN OF A BIRTH. 87023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 24th 1897
4. Place of Birth, (Street and Number) 535 E. Fort Ave
5. Full Name of Mother, Ada Biggs
6. Mother's Maiden Name, Benton
7. Mother's Birthplace, Cecil Co
8. Full Name of Father, Eli W. Biggs
9. Father's Occupation Engineer on B. and O.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brooks

Address, 1828 Lyle St

Remarks, Bay Wall

8970007047

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SAFETY FILM

RETURN OF A BIRTH. 87024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 24,
4. *Place of Birth, (Street and Number)* 13, W. Randall
5. *Full Name of Mother,* Matilda Riedal
6. *Mother's Maiden Name,* Matilda Lissner,
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Christy Riedel
9. *Father's Occupation* Boiler Maker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary, R. Caskey

Address, 213, E. Heath St

Remarks, Doing Well.

1897000 7048

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) ~~Col.~~ White.
3. Date of Birth, Oct 24' 97
4. Place of Birth, (Street and Number) 215 Pearl.
5. Full Name of Mother, Phillipine Strobel
6. Mother's Maiden Name, " Stein.
7. Mother's Birthplace, Md.
8. Full Name of Father, Edward Strobel.
9. Father's Occupation Solicitor.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, M L. Todd

Address, Md. Gen. Hosp

Remarks, 8970007049

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Blk
3. *Date of Birth,* Oct 24 97
4. *Place of Birth, (Street and Number)* J & H
5. *Full Name of Mother,* Ella Thomas
6. *Mother's Maiden Name,* " Houston
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* William Thomas
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin

Address,

Remarks, 8970007050

Wm. J. C. Dulany Co,. City Printers and Stationers.

6.]

RETURN OF A BIRTH. 87027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 24, 1897.
4. Place of Birth, (Street and Number) 2358 Oak St.
5. Full Name of Mother, Susie Crawford Singley.
6. Mother's Maiden Name, Mc Crea.
7. Mother's Birthplace, Md.
8. Full Name of Father, Philip Singley.
9. Father's Occupation Boiler Tender.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 8970007051

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED, 5-20-64

NAME: William Earle Steigelman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 of October, 1898
4. *Place of Birth, (Street and Number)* 1715 Friendsbury St Balto City
5. *Full Name of Mother,* Ida V Steigelman
6. *Mother's Maiden Name,* Ida V Fuster
7. *Mother's Birthplace,* Frederick County
8. *Full Name of Father,* Jefferson L Steigelman
9. *Father's Occupation* Linesman
10. *Father's Birthplace,* Annapolis

Name of Medical Attendant, or other person who makes this Return, Mrs M. J. Shockney

Address, 731 Cumberland St.

Remarks,

8970007052

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Ralph ~~J.~~ Loudenslager

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 27 / 97
4. *Place of Birth, (Street and Number)* 1308 Penna ave
5. *Full Name of Mother,* Katy Loudenslager
6. *Mother's Maiden Name,* " France
7. *Mother's Birthplace,* Washington Co Md
8. *Full Name of Father,* Geo Loudenslager
9. *Father's Occupation* driver of wagon
10. *Father's Birthplace,* Carol Co Md

Name of Medical Attendant, or other person who makes this Return, John S. Huck

Address, 647 W. Lafayette ave

Remarks, 8 4 7 U 0 0 7 0 5 3

third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

6.]

RETURN OF A BIRTH. 87030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 24/97
4. Place of Birth, (Street and Number) 1639 Eastern Av. St
5. Full Name of Mother, Stanislawa Kauwa
6. Mother's Maiden Name, St Lechart
7. Mother's Birthplace, Germany
8. Full Name of Father, Bronislaus Kauwa
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, Ann St 721

Baltimore

Remarks,

8970007054

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occupation of its parents, the date and place of birth; and the [illegible] color, the full name and occupation of its parents, the date and place of birth; and the [illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5/12

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) female

1. *Sex, (state whether male or female)* White

2. *Race or Color, (if not of the white race)* 24th of October 97

3. *Date of Birth,* 213 E Mt Henry St

4. *Place of Birth, (Street and Number)* Fille Ludwig

5. *Full Name of Mother,* Fille Brämer

6. *Mother's Maiden Name,* Germany

7. *Mother's Birthplace,* Julius Ludwig

8. *Full Name of Father,* Paperhanger

9. *Father's Occupation* Germany

10. *Father's Birthplace,* Friederike Keiler Midwife

Name of Medical Attendant, or other person who makes this Return, 216 W Pratt St

Address,

Remarks,

8970007055

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 87032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 24. Oktober.
4. *Place of Birth, (Street and Number)* 141 G. Andree st.
5. *Full Name of Mother,* Annie Ziel
6. *Mother's Maiden Name,* " Brunk.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Ziel
9. *Father's Occupation* Laboar.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Dolf. Mesman

Address, 1331 Hall st. Locust Point.

Remarks,

8970007056

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 ½

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th of October 92.
4. *Place of Birth, (Street and Number)* 2018 Mary Anna St.
5. *Full Name of Mother,* Auguste Batzer
6. *Mother's Maiden Name,* Auguste Beier
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Batzer
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Beutler Midwife

Address, 2116 W Pratt St.

Remarks,

8970007057

Wm. J. C. Dulany Co., City Printers and Stationers.

...Commissioner of Health. In case the birth of any child ...practitioner of midwifery, or should no other person be in ...t shall become the duty of the person or parents of such ...In the manner and within the period above required, and ...comply with the provisions of this section shall be sub... ...be recovered as other fines and forfeitures are recoverable.

36

RETURN OF A BIRTH. 87034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 Oct.
4. *Place of Birth, (Street and Number)* 1608 Thames St.
5. *Full Name of Mother,* Mary Karczewsky
6. *Mother's Maiden Name,* Krajen
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Martin Karczewsky
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pritt

Address, 838 S. Bond St.

Remarks,

8970007058

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36

RETURN OF A BIRTH. 87035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 808 S. Bond St.
4. Place of Birth, (Street and Number) 24 October
5. Full Name of Mother, Ludwika Grundsky
6. Mother's Maiden Name, Kosakowsky
7. Mother's Birthplace, Pole
8. Full Name of Father, Stanislaw Grundsky
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S. Bond St.

Remarks,

8970007059

Shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 87036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 24, 1897
4. *Place of Birth, (Street and Number)*	988 Warner st
5. *Full Name of Mother,*	Harriett L Gosling
6. *Mother's Maiden Name,*	Harriett L Seamer
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Walter Gosling
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return,	Florence B Thates
Address,	907 Fremont ave
Remarks,	

8 9 7 0 0 0 7 0 6 0

Every certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 87037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 24
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Carrie Williams
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D Love

Address, 622 W Lombard

Remarks,

8 9 7 0 0 0 7 0 6 1

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Oct 24
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Mary Lindsay
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D Lowe

Address, 622 W Lombard

Remarks,

8 9 7 0 0 0 7 0 6 2

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 24
4. Place of Birth, (Street and Number) 208 hamburge st
5. Full Name of Mother, Alice I Arch
6. Mother's Maiden Name, Alice I Arch
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Florence B Slater

Address, 907 Fremont av

Remarks,

8970007063

said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 87040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 25th 1897
4. *Place of Birth, (Street and Number)* 714 Harford Av
5. *Full Name of Mother,* Genevieve Young
6. *Mother's Maiden Name,* " Baer
7. *Mother's Birthplace,* Frederick Md
8. *Full Name of Father,* Geo. W. Young
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Frederick

Name of Medical Attendant, or other person who makes this Return, Wm. McDaboney MD

Address, John Hopkins Hospital

Remarks,

8 4 7 0 0 0 7 0 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87041

GIVEN NAME ADDED 3/19/74

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: KATHERINE MARGARET ~~PLITT~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 25th 1897
4. Place of Birth, (Street and Number) 1579 N Bethel
5. Full Name of Mother, Bertha Plitt
6. Mother's Maiden Name, " Schultz
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Plitt
9. Father's Occupation Teamster
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Martha A. Allwell

Address, 31 Washington St. East

Remarks, FILED OCTOBER 1897

8 Y 7 U 0 0 7 0 6 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) five

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 of October
4. *Place of Birth, (Street and Number)* 115 Pearson St Baltimore
5. *Full Name of Mother,* Louisa Elenora Stauffer
6. *Mother's Maiden Name,* Louisa Elenora Winder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Gozo Stauffer
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ruth A Coalman

Address, 124 Monroe St

Remarks,

8 9 7 0 0 0 7 0 6 6

any such person or [illegible] shall be delivered, duly [illegible] fail to comp[illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeits [illegible]

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 25 1897
4. *Place of Birth, (Street and Number)* 1607 Saratoga Street
5. *Full Name of Mother,* Mary Curtis
6. *Mother's Maiden Name,* Stearson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* George Curtis
9. *Father's Occupation* Coal Dealer
10. *Father's Birthplace,* Pensylvania

Name of Medical Attendant, or other person who makes this Return, Mary C Jones

Address, 1121 Saratoga St.

Remarks, Baby eyes sore but was not born with sore eyes.

8 9 7 0 0 0 7 0 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

5.]

RETURN OF A BIRTH. 87044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 22 1877
4. *Place of Birth, (Street and Number)* 1617 Vincent st
5. *Full Name of Mother,* Rowena Diggs
6. *Mother's Maiden Name,* Single
7. *Mother's Birthplace,* Calvert County Md.
8. *Full Name of Father,* Thomas Lucas
9. *Father's Occupation* Drays Hood and coal.
10. *Father's Birthplace,* Prince Georges County Md.

Name of Medical Attendant, or other person who makes this Return, Sarah E Rollins

Address, 1610 Vincent St.

Remarks,

8 4 7 0 0 0 7 0 6 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~10th Sharp~~ Oct 25
4. *Place of Birth, (Street and Number)* 10 N. Sharp
5. *Full Name of Mother,* Ella Miller
6. *Mother's Maiden Name,* Ella Weitzel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Miller
9. *Father's Occupation* R. R. Breaksman
10. *Father's Birthplace,* Baltom.

Name of Medical Attendant, or other person who makes this Return, Mary R. Casky

Address, 213 E. Heath St

Remarks, Doing Well.

8970007069

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* October 25th 1897
4. *Place of Birth, (Street and Number)* 1338 Fremont Ave.
5. *Full Name of Mother,* Fannie Ellen Brown
6. *Mother's Maiden Name,* " Chandler
7. *Mother's Birthplace,* Dunnsville Essex Co. Va.
8. *Full Name of Father,* George Edward Brown
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Princes Georges Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary J. Fossett

Address, 534 W. Dolphin St

Remarks,

8970007070

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 87047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct- 25- 97
4. *Place of Birth, (Street and Number)* 1221 Hickory Ave
5. *Full Name of Mother,* Nancy V Flood
6. *Mother's Maiden Name,* " V " Dandy
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Harry C. Ford
9. *Father's Occupation* Mill-hand
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm A Fetterman

Address, #102 Chestnut Ave

Remarks, 8470007071

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	October 25 1897
4. *Place of Birth, (Street and Number)*	115 N. Lombard St.
5. *Full Name of Mother,*	Amelia Watkins
6. *Mother's Maiden Name,*	Amelia Watkins
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	E. Boynton M.D.
Address,	Maryland Lying In Asylum
Remarks,	

1897 0007072

Every day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	Oct 25 97.
4. *Place of Birth, (Street and Number)*	Md. Gen. Hosp.
5. *Full Name of Mother,*	Ella Richardson
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	md.
8. *Full Name of Father,*	Geo. Henry Mitchel
9. *Father's Occupation*	Cost Driver
10. *Father's Birthplace,*	md.
Name of Medical Attendant, or other person who makes this Return,	M. L. Todd
Address,	Md. Gen. Hosp.
Remarks,	

8 9 7 0 0 0 7 0 7 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

236

RETURN OF A BIRTH. 87050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 25 1897
4. Place of Birth, (Street and Number) 817 S Fremont ave
5. Full Name of Mother, Lillie Leary
6. Mother's Maiden Name, Schulze
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas E Leary
9. Father's Occupation Bookkeeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Minnich

Address, 800 Leadenhall Street

Remarks,

8970007074

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

name of child: Frederick ~~William Schmidt~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X

1. Sex, (state whether male or female) X
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 October
4. Place of Birth, (Street and Number) 1532 Hanover St
5. Full Name of Mother, ~~Cathe Schmidt~~ Catherine Schmidt
6. Mother's Maiden Name, Becker
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Frederick ~~Schmidt~~ Schmidt
9. Father's Occupation Laborer
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 800 Leadenhall Street.

Remarks,

8 9 7 0 0 0 7 0 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-22-54

RETURN OF A BIRTH. 87052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irene Beatrice Taylor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 Oct 1897
4. Place of Birth, (Street and Number) Baltimore 1323 Scott St
5. Full Name of Mother, Amelia Taylor
6. Mother's Maiden Name, Hulski
7. Mother's Birthplace, Germany
8. Full Name of Father, William Taylor
9. Father's Occupation Marble cutter
10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W. Cross St.

Remarks,

8970007076

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, ~~(state whether male or~~ female)*
2. *Race or Color, ~~(if not of the~~ white race)*
3. *Date of Birth,* Oct 26/97
4. *Place of Birth, (Street and Number)* 1807 N Carolina
5. *Full Name of Mother,* Annie F. C. Hay
6. *Mother's Maiden Name,* " " Carson
7. *Mother's Birthplace,* Montg Co Penna.
8. *Full Name of Father,* Wm T. Hay
9. *Father's Occupation* Preacher
10. *Father's Birthplace,* New Foundland

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1502 N. Bond.

Remarks,

8970007077

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 87054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~736~~ ~~Franklin~~ St Oct 25-97
4. Place of Birth, (Street and Number) 736 Franklin St.
5. Full Name of Mother, Sophia K. Burman
6. Mother's Maiden Name, " " Amsheim
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry E. Burman
9. Father's Occupation, Box Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. C. K. Jump Mt.

Address, 1202 Argyle Ave.

Remarks,

8970007078

[illegible] occupation of its parents, the date and place of birth; and the [illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...ETURN OF A BIRTH.

...office of Registrar of Vital Statistics, Board of Health, Balti...

87055

Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 6

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth,* Oct 25/97
4. *Place of Birth, (Street and Number)* 1040 Homewood Ave
5. *Full Name of Mother,* Sallie E. Yeakle
6. *Mother's Maiden Name,* " " Kline
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lewis A. Yeakle
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Fred...

...Attendant, or other

...further enacted and ordain... ...harge or superintendence a birth... ...nd shall enter the same on bla... ...shall contain a list of the births wh... ...th as far as the same can be ascertain... ...color, the full name and occupation of... ...livered, duly signed by the practitioner... ...ery month to the office of the Commissio... ...tendance of a physician or practioner of... ...mmediately thereafter it shall become... ...mmissioner of Health, in the manner... ...shall hereafter fail to comply with the... ...ars for each offence, to be recovered as oth...

8970007079

1236.]

RETURN OF A BIRTH. 87056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 7.

1. *Sex*, (*state whether male or female*) male

2. *Race or Color*, (*if not of the white race*) white

3. *Date of Birth*, 26. October

4. *Place of Birth*, (*Street and Number*) 1320 Richardson St.

5. *Full Name of Mother*, Anna Wiedenhöft

6. *Mother's Maiden Name*, " East

7. *Mother's Birthplace*, Germany

8. *Full Name of Father*, Fritz Wiedenhöft

9. *Father's Occupation* Laborer

10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Rolf. Myers.

Address, 1321 Hull St.

Remarks,

8970007080

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First. Child.

1. *Sex, (state whether male or female)* Female. Child.
2. *Race or Color, (if not of the white race)* Colard Child.
3. *Date of Birth,* October 26, 1897.
4. *Place of Birth, (Street and Number)* 718 Stockton St.
5. *Full Name of Mother,* Vinny Chavis age 19
6. *Mother's Maiden Name,* Vinny Harris
7. *Mother's Birthplace,* Birkle Co. Va.
8. *Full Name of Father,* Hozen Chavis. age 20.
9. *Father's Occupation,* Market tender
10. *Father's Birthplace,* Berkeley Co Va.

Name of Medical Attendant, or other person who makes this Return. Mrs Corrie Reid

Address, 417 Parnesh Ave

Remarks,

8 9 7 0 0 0 7 0 8 1

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 87058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 26. Oktober.
4. *Place of Birth, (Street and Number)* 234 Register Street.
5. *Full Name of Mother,* Katha Yunghannel.
6. *Mother's Maiden Name,* Katha Timm.
7. *Mother's Birthplace,* Garmania.
8. *Full Name of Father,* Oskar Yunghannel.
9. *Father's Occupation* Baker.
10. *Father's Birthplace,* Garmania.

Name of Medical Attendant, or other person who makes this Return, Harry Klose.

Address, N. 9. N. Wolfe. Str.

Remarks,

8970007082

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36

RETURN OF A BIRTH. 87059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 26/97
4. *Place of Birth, (Street and Number)* 135 N. Bradford Str.
5. *Full Name of Mother,* Annie Heise
6. *Mother's Maiden Name,* " Schapler
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Heise
9. *Father's Occupation* Collector
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs. Deisenhofer.

Remarks, MIDWIFE,

8 9 7 0 0 0 7 0 8 3 2225 Gough St. Baltimore, Md.

Wm. J. C. Dulany Co., City Printers and Stationers.

...ssist, schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colard.
3. *Date of Birth,* October 26th 1897.
4. *Place of Birth, (Street and Number)* Carroll Md. 12. Calloll Ave.
5. *Full Name of Mother,* Eliza A Fuller.
6. *Mother's Maiden Name,* Eliza A Fuller.
7. *Mother's Birthplace,* Catonsville Md.
8. *Full Name of Father,* William Hanier
9. *Father's Occupation* Labor.
10. *Father's Birthplace,* Pincheroon County.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Wheeler.

Address, Hoffman Lane.

Remarks,

8970007084

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26th of October 1897
4. *Place of Birth, (Street and Number)* 1327 N. Gilmor St Balto
5. *Full Name of Mother,* Lida J. Kirk
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* " "
9. *Father's Occupation* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return, Mrs Schokney

Address, Cumberland St. City

Remarks,

8970007085

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH.

87063

GIVEN NAME ADDED 2-13-58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Albert Kollmeyer - 1st TWIN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 + 4 Robert Luther Kollmeyer (2nd TWIN)

1. Sex, (state whether male or female) TWIN males
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 26 " 18 " 97
4. Place of Birth, (Street and Number) Pratt st No 2000 S
5. Full Name of Mother, Elizabeth (Elizabeth) M (Kelleyer) Kollmeyer
6. Mother's Maiden Name, " (Elizabeth) M Wolf
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles (Ewllert) (Kelleyer) Kollmeyer
9. Father's Occupation Segar maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 19 " 22 Milkins Ave

Remarks,

8 9 7 0 0 0 7 0 8 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. Sex, (state whether male or female) W.

2. Race or Color, (if not of the white race) Oct 26 97

3. Date of Birth, Md. Genl. Hosp.

4. Place of Birth, (Street and Number) Jennie Powell.

5. Full Name of Mother, Jennie Powell

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Lewis Powell

8. Full Name of Father, Contractor

9. Father's Occupation Baltimore

10. Father's Birthplace, M. L. Todd

Name of Medical Attendant, or other person who makes this Return, Md. Genl. Hosp.

Address,

Remarks,

8 9 7 0 0 0 7 0 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 87065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 4 th 1897
4. *Place of Birth, (Street and Number)* 1938 Orleans St
5. *Full Name of Mother,* Annie Halstine
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Halstine
9. *Father's Occupation* Agent
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopter

Address, 305 N Washington St

Remarks,

8970007088

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	October 8, 1897
4. *Place of Birth, (Street and Number)*	1913 N. Fulton Ave.
5. *Full Name of Mother,*	Clara E. Weech
6. *Mother's Maiden Name,*	" Stahley
7. *Mother's Birthplace,*	Washington, D. C.
8. *Full Name of Father,*	Robt. W. H. Weech
9. *Father's Occupation*	Minister
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	G. Lane Taneyhill
Address,	1103 Madison Ave.
Remarks,	

8970007089

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 87067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 9th 1897
4. *Place of Birth, (Street and Number)* 933 Fell St
5. *Full Name of Mother,* Katie Kmieciak
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Boheman
8. *Full Name of Father,* Mike Kmieciak.
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Boheman

Name of Medical Attendant, or other person who makes this Return, Mary Kopter

Address, 265 N Washington St,

Remarks,

8970007090

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

286.]

RETURN OF A BIRTH. 87068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 4 1887
4. Place of Birth, (Street and Number) 140 Chapel St.
5. Full Name of Mother, Sylvia Beck
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Antony Beck
9. Father's Occupation Carpenter
10. Father's Birthplace, Pottsburgh

Name of Medical Attendant, or other person who makes this Return, Mary Boyle

Address, 305 N Washington St

Remarks,

8 9 7 0 0 0 7 0 9 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 87069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 12th 1897
4. *Place of Birth, (Street and Number)* 107 Wolf St
5. *Full Name of Mother,* Mary Brenner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Brenner
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopter

Address, 205 N Washington St

Remarks,

8970007092

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

286.]

RETURN OF A BIRTH. 87070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 15 th 1897
4. *Place of Birth, (Street and Number)* 922 Chapel St
5. *Full Name of Mother,* Anna Vasek
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Frank Vasek
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Kopta

Address, 205 N Washington St

Remarks,

8970007093

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 87071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rose B. ~~Schuessler~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (4) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) 5th White
3. Date of Birth, Oct (17th) 1892
4. Place of Birth, (Street and Number) 225 Wolf St.
5. Full Name of Mother, Mollie (~~Schuessler~~) Schuessler
6. Mother's Maiden Name, " Herbert
7. Mother's Birthplace, Germany
8. Full Name of Father, John (~~Schuessler~~) Schuessler
9. Father's Occupation (~~Carpenter~~) Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopter

Address, 205 N Washington St,

Remarks,

8970007094

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 87072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 11 A 1897
4. Place of Birth, (Street and Number) 424 Castle St,
5. Full Name of Mother, Eva Dames.
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, John Dames.
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kepler

Address, 201 S Washington Ave

Remarks,

8970007095

Wm. J. C. Dulany Co., City Printers and Stationers.

been concerned, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 87073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 9th 1897
4. *Place of Birth, (Street and Number)* 416 Madeira St.
5. *Full Name of Mother,* Maggie Vajik
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* John Vajik
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, 305 W. Washington St.

Remarks,

8970007096

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] teen conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

KODAK SAFETY FILM

RETURN OF A BIRTH. 87074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Oct. 22nd 1897
4. *Place of Birth, (Street and Number)*	2432 Madison Ave.
5. *Full Name of Mother,*	Amanda C. Morrow Hoover
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Geo. Morrow
9. *Father's Occupation*	Editor
10. *Father's Birthplace,*	Pa
Name of Medical Attendant, or other person who makes this Return,	G Lane Taneyhill
Address,	1103 Madison Ave.
Remarks,	

8 9 7 0 0 0 7 0 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 87075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Edward Mynar

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 22 A 1892
4. Place of Birth, (Street and Number) 2644 Eager St
5. Full Name of Mother, (Annie) (Meinar) Mynar
6. Mother's Maiden Name, Agnes
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Frank (Mynar) Mynar
9. Father's Occupation Taylor
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Baptist

Address, 205 N Washington St

Remarks,

8970007098

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 87076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct: 25: 1897
4. *Place of Birth, (Street and Number)* 1530 N. Bond Street
5. *Full Name of Mother,* Florence Leona Wenger
6. *Mother's Maiden Name,* Florence Leona Moore
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William H. Wenger
9. *Father's Occupation* Physician
10. *Father's Birthplace,* Lincoln, Virginia.

Name of Medical Attendant, or other person who makes this Return, W. H. Wenger M.D.

Address, 1530 N. Bond St.

Remarks,

8 4 7 0 0 0 7 0 9 9

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 25th 1897
4. Place of Birth, (Street and Number) 1728 E. Chase
5. Full Name of Mother, Annie R Topfer
6. Mother's Maiden Name, Parsons
7. Mother's Birthplace, Md
8. Full Name of Father, John Topfer
9. Father's Occupation Cigar-maker
10. Father's Birthplace, Kansas

Name of Medical Attendant, or other person who makes this Return, L. B. Schwatka M. D.

Address, 1003 N. Bway

Remarks,

8 9 7 0 0 0 7 1 0 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apl 26
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Annie Brauns
6. *Mother's Maiden Name,* .....
7. *Mother's Birthplace,* .....
8. *Full Name of Father,* .....
9. *Father's Occupation,* .....
10. *Father's Birthplace,* .....

Name of Medical Attendant, or other person who makes this Return, Jas. D. Love
622 W Lombard

Address, ...

Remarks, ...

1 | 8970007101

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Blk
3. *Date of Birth,* Oct 27
4. *Place of Birth, (Street and Number)* J H H
5. *Full Name of Mother,* Amelia Ireland
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Walker
9. *Father's Occupation* Loafer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Geo W F O Obin

Address,

Remarks,

8 9 7 0 0 0 7 1 0 2

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

5.]

occupation of its parents, the date and place of birth; and the
the practitioner in the form of a certificate between the first and
e of the Commissioner of Health. In case the birth of any child
an or practitioner of midwifery, or should no other person be in
after it shall become the duty of the person or parents of such
ealth, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
ace, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 of oktober 96
4. *Place of Birth, (Street and Number)* 1727 Carlisle Place
5. *Full Name of Mother,* Louis Sula
6. *Mother's Maiden Name,* Louis Swisek
7. *Mother's Birthplace,* Bohemie
8. *Full Name of Father,* Frank Sula
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemie

Name of Medical Attendant, or other person who makes this Return, Luise Svatara

Address, 1010 Durham str

Remarks,

8 4 7 0 0 0 7 1 0 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 87081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 of oktober ~~1728 Haneman ave~~)
4. *Place of Birth, (Street and Number)* 1725 Haneman ave
5. *Full Name of Mother,* Loufi Bartos
6. *Mother's Maiden Name,* Loufi Tirsa
7. *Mother's Birthplace,* Bohemie
8. *Full Name of Father,* Tems Bartoš
9. *Father's Occupation* Thailor
10. *Father's Birthplace,* Bohemie

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1010 Durham str

Remarks,

8 9 7 0 0 0 7 1 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	October 27th 1897
4. *Place of Birth, (Street and Number)*	No 9 Carroll Ave Baltimore
5. *Full Name of Mother,*	Mary Elizabeth H Blaine
6. *Mother's Maiden Name,*	Mary Elizabeth Wicks
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	James G Blaine
9. *Father's Occupation*	General Laborer
10. *Father's Birthplace,*	Washington D C
Name of Medical Attendant, or other person who makes this Return,	Mrs Elizabeth Wicks
Address,	Carroll Post Office Baltimore
Remarks,	

8 4 7 0 0 0 7 1 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 27th 57
4. *Place of Birth, (Street and Number)* 2543 Hendon St
5. *Full Name of Mother,* Ida Mary Hopka
6. *Mother's Maiden Name,* " J. Powell
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Frederick J. Hopka
9. *Father's Occupation* Com Copper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, W. H. Schwatka Jr.

Address, 2429 Fait Ave

Remarks,

8970007106

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White-American
3. Date of Birth, October 27th 1897
4. Place of Birth, (Street and Number) 115 W Lombard St.
5. Full Name of Mother, Mary Seboed
6. Mother's Maiden Name, Mary Smith
7. Mother's Birthplace, Maryland
8. Full Name of Father, John Henry Seboed
9. Father's Occupation Blacksmith
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, E. Baynton M.D.

Address, Maryland-Lying In Asylum

Remarks,

8 9 7 0 0 0 7 1 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 27th 189
4. *Place of Birth, (Street and Number)*	2213 Pleasant Street
5. *Full Name of Mother,*	Mary K Driscoll
6. *Mother's Maiden Name,*	Weinkamm
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James F Driscoll
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Brown Midwife
Address,	1922 E Fayette Street
Remarks,	

8970007108

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 28
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Amie Weichmann
6. Mother's Maiden Name, " " "
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D Love

Address, 622 W Lombard

Remarks,

8970007109

Wm J C Dulany Co., City Printers and Stationers.

36

RETURN OF A BIRTH. 87087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col

3. Date of Birth, 27 Oct 97

4. Place of Birth, (Street and Number) 1822 N Spring St

5. Full Name of Mother, Maggie Green

6. Mother's Maiden Name, Tilman

7. Mother's Birthplace, Easton Shore Md

8. Full Name of Father, Edward Green

9. Father's Occupation Labour

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, H Baxley Md

Address, 301 E 22nd St

Remarks,

8 9 7 0 0 0 7 1 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 87088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 27, 1897.
4. Place of Birth, (Street and Number) 158 Cedar ave.
5. Full Name of Mother, Annie Lucinda Arnold.
6. Mother's Maiden Name, Diven.
7. Mother's Birthplace, Md.
8. Full Name of Father, John S. Arnold.
9. Father's Occupation Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 9 7 0 0 0 7 1 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be [illegible] by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* mail
2. *Race or Color, (if not of the white race)* colord
3. *Date of Birth,* 27
4. *Place of Birth, (Street and Number)* 1416 mc Clery st
5. *Full Name of Mother,* Emma Roles
6. *Mother's Maiden Name,* Emma barnes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Isle Roles
9. *Father's Occupation* baber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, caroline putson

Address, 815 north dles st

Remarks, do well

8970007112

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Frederick Volkert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 2, 1874
4. *Place of Birth, (Street and Number)* No 634 N Washington Ave
5. *Full Name of Mother,* Hedwig (Volker) Volkert
6. *Mother's Maiden Name,* Maurer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis (Volker) Volkert
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, 1907 E Monument St

Remarks,

8 4 7 0 0 0 7 1 1 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

...the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

3.]

RETURN OF A BIRTH. 87091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Oct. 27, 97.

4. *Place of Birth, (Street and Number)* 1716 Morton Al

5. *Full Name of Mother,* Martha Jackson

6. *Mother's Maiden Name,* Martha Cook.

7. *Mother's Birthplace,* Gloucester Co. Va

8. *Full Name of Father,* Jas. Jackson

9. *Father's Occupation* Laborer.

10. *Father's Birthplace,* Eastern Shore, Md.

Name of Medical Attendant, or other person who makes this Return J. A. Killion, M.D.

Address, 119 W. 21½ St.

Remarks,

8 7 0 0 0 7 1 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 2nd 1897
4. Place of Birth, (Street and Number) 1627 W Mulberry St
5. Full Name of Mother, Lizzie Addison Buck
6. Mother's Maiden Name, Addison
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Arthur J Buck
9. Father's Occupation, Book-keeper
10. Father's Birthplace, Center County Pennsylvania

Name of Medical Attendant, or other person who makes this Return, E W Free

Address, 602 N Carey St

Remarks,

8970007115

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 27th
4. Place of Birth, (Street and Number) 2512 Oak St.
5. Full Name of Mother, Flora Maria Nichols
6. Mother's Maiden Name,
7. Mother's Birthplace, Ohio
8. Full Name of Father, Chas Henry Willis
9. Father's Occupation, Clerk
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, C. E. Downes

Address, 735 N. North ave

Remarks,

8 9 7 0 0 0 7 1 1 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 87094

GIVEN NAME ADDED 7/27/61

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Archibald A. Pfeiffer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Oct 18, 1897.

4. Place of Birth, (Street and Number) 441 E. 20th St. Balto.

5. Full Name of Mother, Emma Belle Pfeiffer

6. Mother's Maiden Name, " " Bowersox.

7. Mother's Birthplace, Balto.

8. Full Name of Father, Ed C. Pfeiffer.

9. Father's Occupation, Grocer

10. Father's Birthplace, Catonsville. Md.

Name of Medical Attendant, or other Person who makes this Return. Archer Atkinson Md

Address, # 2101 Maryland Avenue

Remarks,

8970007117

...born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

61

RETURN OF A BIRTH. 87095

GIVEN NAME ADDED 4/30/71

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: WALTER THOMAS SCHARF

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 24th 1897
4. *Place of Birth, (Street and Number)*	202 W. Olivet Lane Carroll
5. *Full Name of Mother,*	Margret Louise Schaf
6. *Mother's Maiden Name,*	Margret Louise Arnold
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Walter Thomas Schaf
9. *Father's Occupation*	Paper Hanger
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Hicks
Address,	Hoffmans Lane
Remarks,	

8970007118

Wm. J. C. Dulany Co., City Printers and Stationers.

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 Oct
4. Place of Birth, (Street and Number) 118 S Calhoun St
5. Full Name of Mother, Mrs Jennie Raddiff Christ
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md
8. Full Name of Father, Chas Christ
9. Father's Occupation Teamster
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, S. S. Wenish

Address, 11 N Carey St

Remarks,

8 9 7 0 0 0 7 1 1 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Nov 14

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Born October 2 1878 ~~Baltimore~~ Baltimore

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Lizzie Holliday

6. Mother's Maiden Name, Lizzie Johnson

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William E Johnson

9. Father's Occupation, Druggist Store

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, Carry Reed

Address, 417 Parrish alley

Remarks,

8 9 7 0 0 0 7 1 2 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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Qwu

RETURN OF A BIRTH. 87098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Gertrude Ernestine ~~Geldmacher~~ Geldmacher

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 27th 1897
4. Place of Birth, (Street and Number) No: Frederick Ave Geldmacher
5. Full Name of Mother, Elizabeth Geldmaker
6. Mother's Maiden Name, Elizabeth Gerhardt
7. Mother's Birthplace, Baltimore Geldmacher
8. Full Name of Father, Frederick (Geldmaker)
9. Father's Occupation Hair-spinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Frederick Ave Annex

Remarks,

8970007121

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 87099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Oct 28 1887
4. *Place of Birth, (Street and Number)*	413 Vincent St.
5. *Full Name of Mother,*	Maria Jennings
6. *Mother's Maiden Name,*	Queen.
7. *Mother's Birthplace,*	Annearundle Co.
8. *Full Name of Father,*	Emory Jennings
9. *Father's Occupation*	Laboring
10. *Father's Birthplace,*	Brooklyn
Name of Medical Attendant, or other person who makes this Return,	Mary E Jones
Address,	1121 Saratoga St. Balto Md
Remarks,	8970007122

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) 3d

1. Sex, (state whether male ~~or female~~) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 28/92
4. Place of Birth, (Street and Number) 1605 Saratoga St
5. Full Name of Mother, Annie Williams
6. Mother's Maiden Name, Annie Wilson
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Charles Williams
9. Father's Occupation, City Court
10. Father's Birthplace, Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return, J. O. Credett

Address, 420 N Pine St

Remarks,

8970007123

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25th Oct 1897.

4. Place of Birth, (Street and Number) Balto. 2704 Poston st.

5. Full Name of Mother, Sophie Ey.

6. Mother's Maiden Name, Sophie Sanders.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Ey.

9. Father's Occupation Tinner

10. Father's Birthplace, Baltimore.

* Name of Medical Attendant, or other person who makes this Return, Mrs P. Liersemen.

Address, 2927 Elliott St.

Remarks, none.

8 4 7 0 0 0 7 1 2 4

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 87102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) male

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) 1897
3. Date of Birth, 28 October
4. Place of Birth, (Street and Number) Baltimore city 1249 Haubert st
5. Full Name of Mother, Adeline Snell
6. Mother's Maiden Name, Adeline Greives
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry Snell
9. Father's Occupation labor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1407 Nicholson St City

Remarks,

8970007125

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct 28th 1897
4. *Place of Birth, (Street and Number)* No: 332 Ramsey St
5. *Full Name of Mother,* Mary Wannenwetch
6. *Mother's Maiden Name,* Mary Leffler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jefferson Wannenwetch
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Frederick Ave

Remarks,

8970007126

SECTION 7.—And be it further enacted that [illegible] a birth shall hereafter [illegible] Baltimore under whose charge or supervision attendence a birth shall hereafter [illegible] register of such birth, and shall enter the same on blank schedule, to be [illegible] Health. This schedule shall contain a list of the births which have occurred [illegible] month, and shall set forth as far as the same can be ascertained the full name [illegible] been conferred, its sex, color, the full name and occupation of its parent's, the [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a [illegible] third day of each and every month to the office of the Commissioner of Health [illegible] shall occur without the attendance of a physician or practitioner [illegible] of parents of such attendance upon the mother, immediately thereafter, it shall [illegible] within the period above required, and child to report its birth to the Commissioner of Health, in the manner [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 28/97
4. Place of Birth, (Street and Number) 838 Edmondson ave
5. Full Name of Mother, Louisa Agnes Rosehen
6. Mother's Maiden Name, " " Shroeder
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Rosehen
9. Father's Occupation Flour Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. E. Gibbons M.D.

Address, 1102 W. Lafayette ave

Remarks,

8970007127

Wm. J. C. Dulany Co., City Printers and Stationers

e Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
t shall become the duty of the person or parents of such
in the manner and within the period above required, and
comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24th of October 97.
4. *Place of Birth, (Street and Number)*	22 Stafford St.
5. *Full Name of Mother,*	Mary Hamill
6. *Mother's Maiden Name,*	Mary Hoffman
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Frank W. Hamill
9. *Father's Occupation*	Milkman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keidel Midwife
Address,	2116 W Pratt St
Remarks,	

8 9 7 0 0 0 7 1 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29th of October 97

4. Place of Birth, (Street and Number) 1938 Leman St.

5. Full Name of Mother, Kathe Germann

6. Mother's Maiden Name, Kathe Downey

7. Mother's Birthplace, Balto

8. Full Name of Father, John W. Germann

9. Father's Occupation Blacksmidt

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St

Remarks, 8970007129

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 87107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 28, 1877
4. Place of Birth, (Street and Number) 923 Columbia ave Balto
5. Full Name of Mother, Mary Ellen Pleger
6. Mother's Maiden Name, Mary Ellen Kelly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Oliver Pleger
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M A Lesley

Address, 1004 W St Lexington St

Remarks, 8 9 7 0 0 0 7 1 3 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct. 28th 1897
4. *Place of Birth, (Street and Number)*	441 — 24th St.
5. *Full Name of Mother,*	Fannie A. Gain
6. *Mother's Maiden Name,*	Fannie A. Reese
7. *Mother's Birthplace,*	Carroll Co. Md.
8. *Full Name of Father,*	William M. Gain
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Balt. Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Geo. T. Shower, M.D.
Address,	421 Roland Ave
Remarks,	

8970007131

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 87109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wht
3. *Date of Birth,* Oct 18
4. *Place of Birth, (Street and Number)* J H H
5. *Full Name of Mother,* Maggie Sommers
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Clark
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Geo H Dathan

Address,

Remarks,

8970007132

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 4th

Name: Mary Kathryn White

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Oct 28/97
4. *Place of Birth,* (*Street and Number*) 735 N Gay St.
5. *Full Name of Mother,* Mrs Rose White
6. *Mother's Maiden Name,* Rose Kenly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Alexander White
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, C. H. Macdonald M.D.

Address, #1041 N. Broadway

Remarks,

18970007133

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Oct 28
4. *Place of Birth, (Street and Number)*	Holland St. Balto
5. *Full Name of Mother,*	"
6. *Mother's Maiden Name,*	Delaware
7. *Mother's Birthplace,*	Wilson Johnson
8. *Full Name of Father,*	Farmer
9. *Father's Occupation*	Delaware
10. *Father's Birthplace,*	Geo. W. Dobbin
Name of Medical Attendant, or other person who makes this Return,	
Address,	
Remarks,	

8 9 7 U 0 0 7 1 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colt
3. *Date of Birth,* Oct 28
4. *Place of Birth, (Street and Number)* 1 St St
5. *Full Name of Mother,* Winnie Thompson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Clarence McClaren
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dobbin

Address,

Remarks,

8 9 7 0 0 0 7 1 3 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

...e of the Commissioner of Health. In case the birth of any child ...an or practicner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...third day of each and every month to the office of the ...shall occur without the attendance of a physician ...

RETURN OF A BIRTH. 87113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) F

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 28/97
4. *Place of Birth, (Street and Number)* 2617 Fait Ave.
5. *Full Name of Mother,* Christina Glinn
6. *Mother's Maiden Name,* Bearteh
7. *Mother's Birthplace,* Baltor.
8. *Full Name of Father,* Christian Glinn
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Baltor.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970007 | 36

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct. 28, 1897
4. Place of Birth, (Street and Number) 2602 Foster Ave.
5. Full Name of Mother, Annie Smith
6. Mother's Maiden Name, Annie Kraft
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Smith
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8970007137

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First (1)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 25, 1897
4. *Place of Birth, (Street and Number)*	123 S. Schroeder st
5. *Full Name of Mother,*	Ella L Wyatt
6. *Mother's Maiden Name,*	Ella L Murphy
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Stacy A Wyatt
9. *Father's Occupation*	Ladies Cloak Cutter
10. *Father's Birthplace,*	Norfolk Va
Name of Medical Attendant, or other person who makes this Return,	Mrs Annie Shriver
Address,	921 Ryan st
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 7 0 0 0 7 1 3 8

RETURN OF A BIRTH. 87116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Colored or

1. *Sex, (state whether male or female)* female ~~Oct 28th 1897~~
2. *Race or Color, (if not of the white race)* Colored ~~1201 Whatcoat St~~
3. *Date of Birth,* Oct 28 1897
4. *Place of Birth, (Street and Number)* Whatcoat St 1201
5. *Full Name of Mother,* Gorgie A Johnson
6. *Mother's Maiden Name,* Gorgia A Jaskins
7. *Mother's Birthplace,* Richmond Co. Virginia
8. *Full Name of Father,* James E Johnson
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 Whatcoat St

Remarks,

8970007139

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its p
said schedule shall be delivered, duly signed by the practitioner in th
third day of each and every month to the office of the Commission
shall occur without the attendance of a physician or practioner of
attendance upon the mother, immediately thereafter it shall becom
child to report its birth to the Commissioner of Health, in the manne
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* October the 29
4. *Place of Birth, (Street and Number)* 2138 Louisiana Ave
5. *Full Name of Mother,* Jannie Lee Lundsay
6. *Mother's Maiden Name,* Jannie Lee Johnson
7. *Mother's Birthplace,* Nelson County Va
8. *Full Name of Father,* John Edward Lundsay
9. *Father's Occupation* Labourer
10. *Father's Birthplace,* Nelson County Va

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Tassett

Address, 534 W Dolphin St

Remarks,

8 9 7 0 0 0 7 1 4 0

C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-29-59

RETURN OF A BIRTH. 87118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mildred Ellen Young

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 29th 1917
4. *Place of Birth, (Street and Number)* 1322 Whatcoat st
5. *Full Name of Mother,* Anna B. Young
6. *Mother's Maiden Name,* Anna B. Booth
7. *Mother's Birthplace,* Balto county Md
8. *Full Name of Father,* Clarence Young
9. *Father's Occupation* Porter at drug establishment
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 Whatcoat st

Remarks,

84700071411

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 87119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 th October 1897
4. *Place of Birth, (Street and Number)* 626 Jefferson st Waverly
5. *Full Name of Mother,* Margaret Helen Chalkley
6. *Mother's Maiden Name,* " " " Jenkins
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Clarence Hartwell Chalkley
9. *Father's Occupation* Telephone Line man C & P.
10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Mrs Martha Griffin

Address, 1514 Hanover ave.

Remarks,

8 4 7 0 0 0 7 1 4 2

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 29-97
4. *Place of Birth, (Street and Number)* 1510 Jefferson St.
5. *Full Name of Mother,* Maggie Immel
6. *Mother's Maiden Name,* " Engel
7. *Mother's Birthplace,* Pitsburg Penn.
8. *Full Name of Father,* Henry Immel
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return C. L. Buddenbohn

Address, 418 S. Paca St.

Remarks,

8970007143

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 29th
4. Place of Birth, (Street and Number) 921 N. Chappel St
5. Full Name of Mother, Elenora Cooper
6. Mother's Maiden Name, Elenora Dorsey
7. Mother's Birthplace, St. Mary's County Md
8. Full Name of Father, Samuel Cooper
9. Father's Occupation Laborer
10. Father's Birthplace, Caroline Co. Va

Name of Medical Attendant, or other person who makes this Return, Maria Wright

Address, 814 Eager St

Remarks, None

1 89700007144

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be required, and in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8/1/22

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 29
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Annie Kuhn
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Jas. D Lowe

Address, 622 W Lombard

Remarks,

8970007145

Wm J C. Dulany Co., City Printers and Stationers.

36]

RETURN OF A BIRTH. 87123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 October
4. *Place of Birth, (Street and Number)* 1634 Thames Str.
5. *Full Name of Mother,* Valentina Ratajček
6. *Mother's Maiden Name,* Bundkovska
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Michael Ratajček
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Marie Pretl

Address, 838 S. Bond Str.

Remarks,

8970007146

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 29
4. Place of Birth, (Street and Number) 1223 Hare St.
5. Full Name of Mother, Katie Klučinsky
6. Mother's Maiden Name, Wiśnowsky
7. Mother's Birthplace, Pole
8. Full Name of Father, John Klučinsky
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 838 S. Bond St.

Remarks,

8970007147

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236]

RETURN OF A BIRTH. 87125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 29
4. Place of Birth, (Street and Number) Fell St. 912
5. Full Name of Mother, Rosie Dubčensky
6. Mother's Maiden Name, Dinnersky
7. Mother's Birthplace, Pole
8. Full Name of Father, Charles Dubčensky
9. Father's Occupation Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 838 S. Bond St.

Remarks,

8970007148

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87/26

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Oct 29. '87
4. *Place of Birth, (Street and Number)* 780 Druid ann.
5. *Full Name of Mother,* Alice Fox.
6. *Mother's Maiden Name,* " Ruff.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Richard Fox
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8970007149

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	October 29th 1897
4. *Place of Birth, (Street and Number)*	115 N Lombard St.
5. *Full Name of Mother,*	Nellie Fisher
6. *Mother's Maiden Name,*	Nellie Fisher
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	E L Boynton M.D.
Address,	Maryland Lying-In Asylum
Remarks,	

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Wm. J. C. Dulany Co., City Printers and Stationers.

3.]

RETURN OF A BIRTH. 87128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 29/87
4. *Place of Birth, (Street and Number)* 126 Duncan St
5. *Full Name of Mother,* Mary Bielinska
6. *Mother's Maiden Name,* M. Broda
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joe Bielinska
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Bogus

Address, Ann St 721

Remarks, Baltimore

8 4 7 0 0 0 7 1 5 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female ~~White~~
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 29th 1897
4. *Place of Birth, (Street and Number)*	214 W. Cross St.
5. *Full Name of Mother,*	Nora Slaughter
6. *Mother's Maiden Name,*	Nora Forster
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Adolph Slaughter
9. *Father's Occupation*	Beer Saloon
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return,	Maggie A. Wilkinson
Address,	214 W. Cross St.
Remarks,	

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Oct 29, 1887
4. Place of Birth, (Street and Number) 244 Canada St [illegible]
5. Full Name of Mother, Ella Allen
6. Mother's Maiden Name, Ella Hopkins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Allen
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Charlottie Williams

Address, 910 Leaden Hall St

Remarks,

8970007153

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-18-57

RETURN OF A BIRTH. 87131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Maria Louisa ~~Mackenull~~
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st & 2 m
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	the 29 of Oct 1897
4. Place of Birth, (Street and Number)	No 1226 Holbrook st
5. Full Name of Mother,	Mary Mackenull
6. Mother's Maiden Name,	Mary Siebel
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Frank MacKenull
9. Father's Occupation,	Tanner
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Ch. Lauer
Address,	No 1054 Stanford Ave
Remarks,	Bal. Md
	1897

8970007154

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 87132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct. 29 1897
4. Place of Birth, (Street and Number) 285 N. Exeter, St.
5. Full Name of Mother, Ide Hetelman
6. Mother's Maiden Name, Keller
7. Mother's Birthplace, Russia, Kamenie Potolsky State
8. Full Name of Father, Ike Hetelman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, H. Elinder M.D.

Address, 143. N. Front St.

Remarks,

8970007155

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 October 1897
4. Place of Birth, (Street and Number) 132 Cedar Ave
5. Full Name of Mother, Maggie May Finneman
6. Mother's Maiden Name, Maggie May Appleby
7. Mother's Birthplace, Woodbine
8. Full Name of Father, Thomas E Finneman
9. Father's Occupation Plaster
10. Father's Birthplace, Howard Co

Name of Medical Attendant, or other person who makes this Return, Elizabeth Finneman

Address, Hampden 145 Chestnut Ave

Remarks,

8970007156

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 29th 1897
4. Place of Birth, (Street and Number) 319 Ringold Street
5. Full Name of Mother, Anna Neuendoff
6. Mother's Maiden Name, Anna Schwendler
7. Mother's Birthplace, Germany.
8. Full Name of Father, Richard Neuendoff.
9. Father's Occupation Saleman
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, M A Jedley

Address, 1004 West Lexington St

Remarks,

18970007157

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 29/97
4. *Place of Birth, (Street and Number)* 2113 Druid Hill Av
5. *Full Name of Mother,* Clara Killian
6. *Mother's Maiden Name,* Clara Burns
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Killian
9. *Father's Occupation* Oyster Packer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, A. Pole

Address, 2138 Madison Av

Remarks,

8 9 7 0 0 0 7 1 5 8

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 29/97
4. *Place of Birth, (Street and Number)* 2017 E. Lombard St.
5. *Full Name of Mother,* Kunigunde Phister
6. *Mother's Maiden Name,* " Greenewald
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank Phister
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 7 1 5 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 29th 1897
4. Place of Birth, (Street and Number) #702 S. Regester St
5. Full Name of Mother, Cicelija Simanowski.
6. Mother's Maiden Name, Cicelija Pisaarka.
7. Mother's Birthplace, Rusia Poland
8. Full Name of Father, Frank Simanowski.
9. Father's Occupation Laborer
10. Father's Birthplace, Rusia Poland

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, 1710 Alice Anna St

Remarks, None

8970007160

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 7h

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 29/97
4. Place of Birth, (Street and Number) # 804 Canton A
5. Full Name of Mother, Mary Helenska.
6. Mother's Maiden Name, Mary Dameoz.
7. Mother's Birthplace, Germany
8. Full Name of Father, Ludwik Helenska.
9. Father's Occupation Oyster Shucker.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, # 1710 Alice Anna St

Remarks, None

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970007161

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 Oktober 96
4. Place of Birth, (Street and Number) 903 Dalas str
5. Full Name of Mother, Mary Panuška
6. Mother's Maiden Name, Mary Baroch
7. Mother's Birthplace, Bohemie
8. Full Name of Father, Frank Panuška
9. Father's Occupation Thailor
10. Father's Birthplace, Bohemie

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1011 Durham str

Remarks,

8970007162

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name: Gertrude Benner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 29th, 1897
4. Place of Birth, (Street and Number) 2048 E. Hoffman St.
5. Full Name of Mother, Elizabeth B. Nidhart
6. Mother's Maiden Name, Elizabeth Benner
7. Mother's Birthplace, Balt. Co. Md.
8. Full Name of Father, John Nidhart
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D.

Address, S.W. Cor. Calvert & Preston Sts

Remarks, GIVEN NAME ADDED 10-3-55

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 4 7 0 0 0 7 1 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

236]

of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
ner of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
vered as other fines and forfeitures are recoverable.

been conferred, its sex, color, the full name and occupation of its pa
said schedule shall be delivered, duly signed by the practitioner in th
third day of each and every month to the office of the Commissioner
shall occur without the attendance of a physician or practioner of m
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner or fail to comply with t
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered a

RETURN OF A BIRTH. 87141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 29th 1897
4. *Place of Birth, (Street and Number)* 652 W. Lombard St.
5. *Full Name of Mother,* Annie Louisa Chapman
6. *Mother's Maiden Name,* Woodward
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Wm. H. Chapman
9. *Father's Occupation* Brakeman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, H. W. Weber M.D.

Address, 723 W. Lombard St.

Remarks,

8970007164

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 29/97
4. Place of Birth, (Street and Number) 2217 Gough St.
5. Full Name of Mother, Mary Bremer
6. Mother's Maiden Name, " Pohle
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles H. Bremer
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bischofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970007165

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87143

GIVEN NAME ADDED, 8-17-62 [redacted]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Christian William 5th Schuette

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 30th 1897
4. Place of Birth, (Street and Number) Balto. Md. 1712 Lansing Av
5. Full Name of Mother, Emilie Schuette
6. Mother's Maiden Name, Emilie Birr
7. Mother's Birthplace, Germany
8. Full Name of Father, Ferdinand Schuette
9. Father's Occupation Cabinetmaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Rosina Biemüller

Address, 1520 N. Gay St.

Remarks,

84700007166

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the event of the person or parents of such child to report its birth to the Commissioner of Health, shall become the duty, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 30/97

4. Place of Birth, (Street and Number) M. & 4 1/2 M. Washington Pl.

5. Full Name of Mother, Matilda Thiess

6. Mother's Maiden Name, Rebbel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John W. Thiess

9. Father's Occupation Cigarmaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross.

Address, M & 1907 E Monument St.

Remarks,

8970007167

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4/22/55 [illegible]

RETURN OF A BIRTH. 87145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hilda Schmidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 30/27
4. Place of Birth, (Street and Number) 2434 E. Baltimore Str. Fair Av.
5. Full Name of Mother, Katie Schmidt
6. Mother's Maiden Name, Kehler
7. Mother's Birthplace, Balto.
8. Full Name of Father, John F. Schmidt
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970007168

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 of Oktober 1896
4. Place of Birth, (Street and Number) 1638 Barnet str
5. Full Name of Mother, Tini Lot
6. Mother's Maiden Name, Tini Bulilik
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Tou Lot
9. Father's Occupation Thailor
10. Father's Birthplace, Bohemie

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1010 Durham str

Remarks,

8970007169

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-16-50 CERTIFICATE CORRECTED 6-16-50

RETURN OF A BIRTH. 87147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~James Heath~~ Kirk

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 30th 1897
4. Place of Birth, (Street and Number) 708 N. Mount St.
5. Full Name of Mother, Elinora ~~Ella~~ N. Kirk
6. Mother's Maiden Name, Dawson
7. Mother's Birthplace, Talbot Co. Md.
8. Full Name of Father, Chas R. Kirk
9. Father's Occupation, Comn Merchant
10. Father's Birthplace, Lancaster Co Va

Name of Medical Attendant, or other person who makes this Return, R. C. Lee

Address, Hanover St

Remarks,

8970007170

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 M

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 30th 1877
4. *Place of Birth, (Street and Number)* 541 Ann's St
5. *Full Name of Mother,* Lillie Rode
6. *Mother's Maiden Name,* Lillie Sisk
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Julian Rode
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mary Engelhardt

Address, 1726 Eastern Ave Balto Md

Remarks.

8970007171

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and tion in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 20/97
4. *Place of Birth, (Street and Number)* #801 Lancaster St
5. *Full Name of Mother,* Bronistawa Simanowska.
6. *Mother's Maiden Name,* Bronistawa Lamborska.
7. *Mother's Birthplace,* Russia Poland
8. *Full Name of Father,* Stanislaw Simanowski.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Russia Poland

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, #1710 Alice Anna St

Remarks, Done

8970007172

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of each and every midwife, or person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W ht
3. *Date of Birth,* Oct 30
4. *Place of Birth, (Street and Number)* ~~Do~~ Johns Hopkins Hospital
5. *Full Name of Mother,* Rosa Carlson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Charles Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Geo B Dobbin

Address,

Remarks,

8 9 7 0 0 0 7 1 7 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - John William Backert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 W

1. Sex, (state whether male or female) ~~female~~ male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 30 1897
4. Place of Birth, (Street and Number) 19 Eastern Ave
5. Full Name of Mother, Mary Magdalene (Lena) (Brackert) Backert
6. Mother's Maiden Name, Mary Magdalene (Lena) (Conrad) Sinsel
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Mathias (Brackert) Backert
9. Father's Occupation Tailor
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt

Address, 1726 Eastern Ave

Remarks, Balto Md

8 4 7 0 0 0 7 1 7 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	30th of Oct 1897
4. *Place of Birth, (Street and Number)*	Baltimore Md # 1537 Eutaw St.
5. *Full Name of Mother,*	Lizzie Mary Bromley
6. *Mother's Maiden Name,*	Baltimore Md
7. *Mother's Birthplace,*	Frank Mayo
8. *Full Name of Father,*	Labor
9. *Father's Occupation*	Baltimore Md
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Downing
Address,	# 414 S Stricker St Baltimore Md
Remarks,	Mother and Child are doing well.

8 4 7 0 0 0 7 1 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6.]

RETURN OF A BIRTH. 87153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 30 — 1897
4. Place of Birth, (Street and Number) 111 S. Chester St.
5. Full Name of Mother, Mary Rafferty
6. Mother's Maiden Name, Lovet
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Rafferty
9. Father's Occupation Harness-Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Balt St.

Remarks,

8 9 7 0 0 0 7 1 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87154

GIVEN NAME ADDED 8/9/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name:

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 30th 1897
4. Place of Birth, (Street and Number) 1159 Low St Baltimore
5. Full Name of Mother, Ema Jansen
6. Mother's Maiden Name, Ema Stevens
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ben Stevens
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Eva Cohen Mitweif

Address, 1216 McElderry St Baltimore

Remarks, Mother and Child well.

8970007177

said schedule shall be delivered, duly signed by the practitioner in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 us

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 30 th
4. *Place of Birth, (Street and Number)* 223 N. Calhoun St,
5. *Full Name of Mother,* Sarah Duncan Diggs
6. *Mother's Maiden Name,* Duncan
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Howard Diggs
9. *Father's Occupation,* Manfg rent goods
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return. J C Monmonier

Address, Withersville Md

Remarks,

8970007173

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 87156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th,

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* October 30th 1897.
4. *Place of Birth, (Street and Number)* 1312 Hillman St.
5. *Full Name of Mother,* Ellen F. McCourt.
6. *Mother's Maiden Name,* Ellen Fahey.
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* Peter J. McCourt.
9. *Father's Occupation* Latner.
10. *Father's Birthplace,* Balto. md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D. S. W. Cor. Calvert & Preston Sts

Address,

Remarks,

8 9 7 0 0 0 7 1 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...sioner of Health. In case the birth of any child ... the office of the Commissioner of Health, or should no other person be in ... third day of each and every month to the office of the Commissioner of Health, or should no other person be in ... shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87157

GIVEN NAME ADDED, 10-17-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edgar M. Bell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 30 1897
4. Place of Birth, (Street and Number) 1715 W. Fayette St
5. Full Name of Mother, Pauline Bell
6. Mother's Maiden Name, Pauline Blum
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Frank Bell
9. Father's Occupation Cutter
10. Father's Birthplace, Phila. Pa.

Name of Medical Attendant, or other person who makes this Return, G. W. Slater Med

Address, 1703 W. Fayette St.

Remarks,

8 4 7 0 3 0 7 1 8 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oktober 30/97
4. Place of Birth, (Street and Number) 705 Dallas St
5. Full Name of Mother, Martina Niemczyk
6. Mother's Maiden Name, M. Piechocka
7. Mother's Birthplace, Germany
8. Full Name of Father, Andrzej Niemczyk
9. Father's Occupation Taborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, Ann St 721

Remarks, Baltimore

8 9 7 0 0 0 7 1 8 1

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 87159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* ~~30th~~ White
3. *Date of Birth,* 30th October 1897.
4. *Place of Birth, (Street and Number)* Andrie St No 1444 S. P.
5. *Full Name of Mother,* Franziska Meyer
6. *Mother's Maiden Name,* " " Osmanscha
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Meyer
9. *Father's Occupation* Stevedor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Lizzie Schaeffler

Address, 1708 E Fort Ave. S. P.

Remarks,

8970007182

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 30. Oktober.
4. Place of Birth, (Street and Number) 120. Wolfe Street.
5. Full Name of Mother, Mary Schütz.
6. Mother's Maiden Name, Mary Schwarzman.
7. Mother's Birthplace, Germania.
8. Full Name of Father, Peter Schütz.
9. Father's Occupation Laboüman.
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mary Kloss.

Address, N. 9. N. Wolfe Street.

Remarks,

8970007183

Wm. J. C. Dulany Co., City Printers and Stationers.

...been committed to the sex, color, the first signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* German
3. *Date of Birth,* 10-30-97.
4. *Place of Birth, (Street and Number)* 805 S. Madeira St.
5. *Full Name of Mother,* Theresa Biemer
6. *Mother's Maiden Name,* Theresa Stangl.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Biemer
9. *Father's Occupation* Stevedore
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, W. M. Roberts M.D.

Address,

Remarks,

8970007184

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or if shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, immediately hereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 87162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1, 21

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 30
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Bessie Thornton
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Jas D Lowe 622 W Lombard

Address,

Remarks,

8 9 7 0 0 0 7 1 8 5

Wm J C Dulany Co., City Printers and Stationers.

In case the birth of any child said section shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 30
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Marisa Weisner
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D. Lowe

Address, 622 W Lombard

Remarks,

8 9 7 0 0 0 7 1 8 6

Wm J C. Dulany Co., City Printers and Stationers.

the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 31
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Isabella Wallace
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jas. D Love

Address, 622 W Lombard

Remarks,

8 7 7 0 0 0 7 1 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 31 1897
4. Place of Birth, (Street and Number) 1916 Druid Hill Ave
5. Full Name of Mother, Mary R. Fardwell
6. Mother's Maiden Name, " " McLaughlin
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William R. Fardwell
9. Father's Occupation Plumber
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, J Harvey Hill Md

Address, 807 N. Arlington Av

Remarks,

8 9 7 0 0 0 7 1 8 8

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct. 31, 1897
4. *Place of Birth, (Street and Number)* 828 Grove St.
5. *Full Name of Mother,* Annie Wrightson
6. *Mother's Maiden Name,* Annie Apple
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Samuel Wrightson
9. *Father's Occupation* Garbage Cart Driver
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8 9 7 0 0 0 7 1 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6.]

RETURN OF A BIRTH. 87167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Oct. 31 — 1897

4. *Place of Birth, (Street and Number)* 1236 Risgate St.

5. *Full Name of Mother,* Maggie Phillips Willis

6. *Mother's Maiden Name,* Baltimore

7. *Mother's Birthplace,* Robert Holton Phillips

8. *Full Name of Father,* Sea Captain

9. *Father's Occupation* Baltimore

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Oath St.

Remarks,

8 9 7 0 0 6 7 1 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Every practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practi of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the shall occur without the attendance of a physician or pr or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct. 31, 1897
4. Place of Birth, (Street and Number) 814 Rose St.
5. Full Name of Mother, Margaret Raynor
6. Mother's Maiden Name, Margaret King
7. Mother's Birthplace, Balto.
8. Full Name of Father, Harry Raynor
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary E. Swayne

Address, 824 S. Canton St.

Remarks,

8970007191

Wm. J. C. Dulany Co., City Printers and Stationers.

been completed its sex, [illegible] the full name and occupation of the [illegible] in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct. 31
4. Place of Birth, (Street and Number) 1100 E. Eager st
5. Full Name of Mother, Cora E. Nauman
6. Mother's Maiden Name, " " Collins
7. Mother's Birthplace, Delaware
8. Full Name of Father, Henry J. F. Nauman
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. J. Gross M.D.

Address, 1435 Orleans E

Remarks,

8970007192

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month of the [illegible] of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* M.
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* 31 Oct. 1897
4. *Place of Birth, (Street and Number)* 512 Fawn St
5. *Full Name of Mother,* M. Edith Dell
6. *Mother's Maiden Name,* Combs
7. *Mother's Birthplace,* St. Mary's Co. Md
8. *Full Name of Father,* George E. Dell
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, E. L. Englar M.D

Address, 1007 W. Fawn St

Remarks,

8970007193

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 31 1897
4. *Place of Birth, (Street and Number)* Smallwood st & Walbrook Ave
5. *Full Name of Mother,* Johanna Ray
6. *Mother's Maiden Name,* Johanna Naevy
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Edward Ray
9. *Father's Occupation* Florist.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Grant M D.

Address, 2104 W. North Ave

Remarks,

8970007194

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 31 1897
4. *Place of Birth, (Street and Number)* 1013 Bric St.
5. *Full Name of Mother,* Florence E Wipsen
6. *Mother's Maiden Name,* F Ei James
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Miles J Wipsen
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 1121 Saratoga St Balto Md

Remarks,

8 9 7 0 0 0 7 1 9 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 87173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 31st 1897
4. Place of Birth, (Street and Number) 1501 Eight st
5. Full Name of Mother, Annie M Ruff
6. Mother's Maiden Name, Helm
7. Mother's Birthplace, Howard Co Md
8. Full Name of Father, Daniel Ruff
9. Father's Occupation Provision Dealer
10. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brooks

Address, 1838 Eight st

Remarks, Bong Wed

8970007196

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be [illegible] every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct. 31st 1897 –
4. Place of Birth, (Street and Number) Md. Gen. Hospital.
5. Full Name of Mother, Maggie Thomas –
6. Mother's Maiden Name, " "
7. Mother's Birthplace, St. Mary's Co., Md.
8. Full Name of Father, Thomas Reader.
9. Father's Occupation Works on boats.
10. Father's Birthplace, St. Mary's County – Md

Name of Medical Attendant, or other person who makes this Return, M. L. Todd –

Address,

Remarks,

8970007197

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child
said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Commissioner of Health, or should no other person be in
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 31st 1897.
4. Place of Birth, (Street and Number) Md. Gen. Hospital.
5. Full Name of Mother, May Wilson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Pocomoke City - Md.
8. Full Name of Father, Warren Haughs
9. Father's Occupation Carpenter.
10. Father's Birthplace, Pocomoke City. Md.

Name of Medical Attendant, or other person who makes this Return, M. L. Todd.

Address, Md. Gen. Hospital.

Remarks,

8970007198

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall schedule shall be delivered, [illegible] to the office of the Commissioner of Health. In case the birth of any child [illegible] third day of each and every month to the office of the Commissioner of Health, or should no other person be in [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, and [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

B.]

RETURN OF A BIRTH. 87176

GIVEN NAME ADDED 11/30/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bertha Mae Parsons

4.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 31, 1897.
4. Place of Birth, (Street and Number) 273 Roland ave.
5. Full Name of Mother, Clarence M. Parsons.
6. Mother's Maiden Name, Slutz.
7. Mother's Birthplace, Md.
8. Full Name of Father, James E. Parsons.
9. Father's Occupation Railroader
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 791 Chestnut ave.

Remarks,

8 9 7 0 0 0 7 1 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate prescribed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct. 31. 1897
4. Place of Birth, (Street and Number) 1126 Goodman Alley
5. Full Name of Mother, Elnora Dietler
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father, James F. Butler
9. Father's Occupation Labor
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. L. Todd Md.

Address, Md Gen. Hospital

Remarks,

8970007200

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be [illegible] every month to the office of the Commissioner of [illegible] of midwifery, or should no other person be in [illegible] third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in [illegible] third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in [illegible] attendance upon the mother, immediately, thereafter it shall become the duty of the person or parents of such [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, and [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 31
4. *Place of Birth, (Street and Number)* 15-26 Baker st
5. *Full Name of Mother,* Mary Ellen Klunk
6. *Mother's Maiden Name,* Mary Ellen Strut
7. *Mother's Birthplace,* Carroll Co Md
8. *Full Name of Father,* Martin J. Klunk
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, J. J. Melvin

Address, 2316 Orrind Hill ave

Remarks,

8970007201

said schedule shall be delivered, duly signed by the practitioner in the form of a Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* October 31, 1897

4. *Place of Birth, (Street and Number)* 2712 N. Charles St.

5. *Full Name of Mother,* Carrie V. Dubreuil

6. *Mother's Maiden Name,* Kraft

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* George A. Dubreuil

9. *Father's Occupation* Real Estate

10. *Father's Birthplace,* West India Islands

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Ave.

Remarks, 84700007202.

Wm. J. C. Dulany Co., City Printers and Stationers.

87180

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht
3. Date of Birth, Oct 31
4. Place of Birth, (Street and Number) J H H
5. Full Name of Mother, Annie George
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Va
8. Full Name of Father, Richard Landon
9. Father's Occupation Bystrander
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Grob Dobbin

Address,

Remarks,

8 9 7 0 0 0 7 2 0 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6]

RETURN OF A BIRTH. 87181

GIVEN NAME ADDED 8-11-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Estelle Gibson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 11 '97
4. Place of Birth, (Street and Number) 1305 Homewood ave
5. Full Name of Mother, Mrs Kate T Gibson
6. Mother's Maiden Name, " " Ward
7. Mother's Birthplace, Balto
8. Full Name of Father, John G. Gibson
9. Father's Occupation Carriage maker
10. Father's Birthplace, Gettysburg Pa

Name of Medical Attendant, or other person who makes this Return, T Chew Worthington

Address, 840 W Fayette

Remarks,

8970007204

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Owo

RETURN OF A BIRTH. 87782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry B. Litz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 22 '97
4. Place of Birth, (Street and Number) 1833 Druid Hill ave
5. Full Name of Mother, Mrs Lorretto Litz
6. Mother's Maiden Name, " Foige
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry G Litz
9. Father's Occupation Brewer's Findings or Supplies
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, + Chew Worthington

1022 MADISON AVE.

Address,

Remarks.

8970007205

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 30, 1899
4. Place of Birth, (Street and Number) Mine Bank Lane Bel Air Ave
5. Full Name of Mother, Mary Lutz
6. Mother's Maiden Name, Mary Markley
7. Mother's Birthplace, Lauraville Balto Co Md
8. Full Name of Father, Albert Lutz
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, William D. Corse Md

Address, Gardenville Balto Co Md

Remarks,

8970007206

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE J. C. BULLOCK CO. CITY PRINTERS AND STATIONERS

87184

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third Child

1. Sex, (state whether male or female) Female Sex
2. Race or Color, (if not of the white race) Yellow
3. Date of Birth, Sunday Oct the 31 1897
4. Place of Birth, (Street and Number) No 942 Chapplest
5. Full Name of Mother, Ruth Hannah Young
6. Mother's Maiden Name, Ruth Hannah Harris
7. Mother's Birthplace, Baltimore City M.D.
8. Full Name of Father, Henry Thomas Young
9. Father's Occupation Engeneer
10. Father's Birthplace, Charlscounty M.D.

Name of Medical Attendant, or other person who makes this Return, Mama Forest

Address, No 1016 North Cappleset

Remarks, two week and four day Old

8970007207

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected, its sex, [illegible] duly signed by the practitioner in the form of a certificate [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 31-97.
4. *Place of Birth, (Street and Number)*	2310 E. North Ave.
5. *Full Name of Mother,*	Mamie Parr
6. *Mother's Maiden Name,*	Mamie Schoenig
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Andrew J. Parr
9. *Father's Occupation*	Insurance Agt.
10. *Father's Birthplace,*	Fort Wayne Ind.
Name of Medical Attendant, or other person who makes this Return,	Charles H. A. Meyer M. D.
Address,	1033 N. Caroline Str.
Remarks,	

8970007208

said schedule shall be delivered, duly signed by the practitioner in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct. 31st 1897
4. *Place of Birth, (Street and Number)* 227 S. High St.
5. *Full Name of Mother,* Mary Horringer
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Nathan Horringer
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter St.

Remarks,

8970007209

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name [illegible] the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87187

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first. Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2th of October 1897
4. Place of Birth, (Street and Number) No 1162 Bowen st Baltimore Md
5. Full Name of Mother, Mrs Rudolph O. Quandt.
6. Mother's Maiden Name, Clara E. Bingel.
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Rudolph O. Quandt.
9. Father's Occupation Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Cross St.

Remarks,

8970007210

said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87188

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* October 5th '97

4. *Place of Birth, (Street and Number)* 622 Biddle & Calvert Sts.

5. *Full Name of Mother,* Margaret Hall Glover

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Washington D.C.

8. *Full Name of Father,* Franklin P. Hall

9. *Father's Occupation,* Prof. Anatomy. Johns Hopkins University

10. *Father's Birthplace,* Wisconsin D.C. to Thursell

Name of Medical Attendant, or other person who makes this Return,

Address, 1415 Eutaw Place.

Remarks,

8970007211

Wm J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* October 5

4. *Place of Birth, (Street and Number)* 824 Columbia av

5. *Full Name of Mother,* V. F. Seifert

6. *Mother's Maiden Name,* V. E. McKinnie

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* W. Seifert

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mari Kistler

Address, 812 W. Hamburg St

Remarks,

8 4 7 0 0 0 7 2 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, is required, duly signed by the practitioner in the form of a certificate of the birth of any child delivered, duly signed by the practitioner in the form of a certificate of the birth of any child delivered by the physician or practitioner of midwifery, or should no other person be in attendance, the duty of the person or parents of such child to report the birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a

87190

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Tupelo
3. Date of Birth, Oct. 10th 97
4. Place of Birth, (Street and Number) 1148 Barclay St.
5. Full Name of Mother, Mary E.
6. Mother's Maiden Name, Lyons
7. Mother's Birthplace, Md.
8. Full Name of Father, John F. Shoul
9. Father's Occupation Street Car Conductor
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, J. S. Hartwick

Address, 815 Jefferson Ave.

Remarks,

8970007213

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] been conferred) its sex, color, the full name and occupation of its [illegible] form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87191

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 12th 1897.
4. Place of Birth, (Street and Number) No. 3. Tinges Lane
5. Full Name of Mother, Helen L. Heim
6. Mother's Maiden Name, Heim
7. Mother's Birthplace, Balto.
8. Full Name of Father, Clarence M. Geatman
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. B. Hartman D.

Address, 816 Jefferson Ave

Remarks,

8970007214

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and [illegible] practitioner in the form of a certificate between the [illegible] and [illegible] said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87192

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* October 12 1897
4. *Place of Birth, (Street and Number)* 1917 Bryant St
5. *Full Name of Mother,* Sarah Johnson
6. *Mother's Maiden Name,* " " James
7. *Mother's Birthplace,* Middlesex County Va
8. *Full Name of Father,* Richard Johnson
9. *Father's Occupation* Laborer Work
10. *Father's Birthplace,* Hanlfack County Va

Name of Medical Attendant, or other person who makes this Return. Hester Gotanda

Address, 509 West Preston Street

Remarks,

8970007215

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of the parents in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87198

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 14th 1897
4. Place of Birth, (Street and Number) cor Lanvale & Belmont Sts
5. Full Name of Mother, Elizabeth McNeill
6. Mother's Maiden Name, " Bennett
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George E. McNeill
9. Father's Occupation Grocer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Dr. Jefferies Beach

Address, 1051 Augusta St

Remarks,

8 9 7 0 0 0 7 2 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] been conferred) its sex, color, the full name and [illegible] in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87194

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 14-97.
4. Place of Birth, (Street and Number) 2112 Hay anna st.
5. Full Name of Mother, Anna Schmiede
6. Mother's Maiden Name, Anna Robe
7. Mother's Birthplace, Austria
8. Full Name of Father, Alois Schmiede
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Hans H. A. Meyer M.D.

Address, 1033 N. Caroline Str.

Remarks,

8970007217

Wm. J. C. Dulany Co., City Printers and Stationers.

...er in the form of a Certificate ... the birth of any child ... case the birth ... person be in ... Commissioner of Health. ... physician or practitioner of ... shall become the duty of the person or parents of such ... immediately thereafter it shall become ... Health, in the manner ... Commissioner of Health ... fail to comply with the ... who shall hereafter ... for each offence, to be recovered as ... fines and forfeitures are recoverable.

36]

RETURN OF A BIRTH. 87195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Oct 16 1897
4. *Place of Birth, (Street and Number)*	233 N. Stricker St
5. *Full Name of Mother,*	Blanche M. Heath
6. *Mother's Maiden Name,*	Blanche M. Brackett
7. *Mother's Birthplace,*	Bangor, Maine
8. *Full Name of Father,*	Charles Heath
9. *Father's Occupation*	Electrician
10. *Father's Birthplace,*	Bangor Maine
Name of Medical Attendant, or other person who makes this Return,	C. Hampson Jones
Address,	211 N. Franklin St.
Remarks,	

8970007218

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-28-64

87196

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Gladys Mary Heiner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (12).

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 17, 1897.
4. Place of Birth, (Street and Number) 43 S. Carey St.
5. Full Name of Mother, Meta C. Heiner
6. Mother's Maiden Name, Strube
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry C. Heiner
9. Father's Occupation, Box-maker
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. John Hood, M.D.

Address, 16 S. Gilmor St.

Remarks,

8 9 7 0 0 0 7 2 1 9

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 87197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct. 17th 1897
4. *Place of Birth, (Street and Number)* 413 S. Ann st.
5. *Full Name of Mother,* Mary Barnes
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Barnes
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1897 00 07220

been conferred its sex, color, the date of birth, and name, by the practitioner in the form of A Certificate of the birth of any child said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6.]

RETURN OF A BIRTH. 87698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 1914 Greenlee Street City

4. Place of Birth, (Street and Number) Elizabeth J Sies

5. Full Name of Mother, Marten

6. Mother's Maiden Name, Carroll county

7. Mother's Birthplace, Daniel Sise

8. Full Name of Father, Laborer

9. Father's Occupation Carroll County

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Martha E Fring

Address, 545 Hickey ave City

Remarks,

8 7 0 0 0 7 2 2 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

Penalty for refusing to give the first and full name and occupation of the father of any child born in the form of a certificate between the first and second visits, or for refusing to give the sex, color, the full name and occupation of the parents of any child born in the form of a certificate between the first and second visits, or for refusing to give the sex, color, the full name and occupation of the parents of any child born in the form of a certificate between the first and second visits, or for refusing to give the sex, color, the full name and occupation of the parents of any child born in the form of a certificate between the first and second visits, or for refusing to give the sex, color, the full name and occupation of the parents of any child born in the form of a certificate between the first and second visits, or for refusing to give the sex, color, the full name and occupation of its

over

87199

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: George Carlos Hudson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 19th 1897
4. Place of Birth, (Street and Number) 1050 Myrtle Ave
5. Full Name of Mother, Rebecca G. Hudson
6. Mother's Maiden Name, Rebecca G. Meginney
7. Mother's Birthplace, Washington
8. Full Name of Father, Geo Tracy Hudson
9. Father's Occupation Grocer
10. Father's Birthplace, South Carolina

Name of Medical Attendant, or other person who makes this Return, Dr. Jeffries Buck

Address, 1051 Arsquith St

Remarks,

8970007222

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] Commissioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-4-57

87200

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Melville ~~Gibson~~ 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 20th 1897
4. Place of Birth, (Street and Number) 262 Old York road
5. Full Name of Mother, Hattie M.
6. Mother's Maiden Name, Acton
7. Mother's Birthplace, Md.
8. Full Name of Father, Charles M. Gibson
9. Father's Occupation Machinist
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return, J. S. Hartman

Address, 815 Jefferson Ave

Remarks,

1897 0007223

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87201

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 21 Oct
4. Place of Birth, (Street and Number) 2043 Bokee st
5. Full Name of Mother, Mary Kennedy
6. Mother's Maiden Name, " Creeley
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Kennedy
9. Father's Occupation Car Conductor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N. Gay st

Remarks,

8970007224

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any such shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct- 21st 1897
4. *Place of Birth, (Street and Number)* 1011 E. Biddle St-
5. *Full Name of Mother,* Elizabeth S Ehrn
6. *Mother's Maiden Name,* " Conway
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Joseph Ehrn
9. *Father's Occupation* Bakerman
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. Jefferies Burns.

Address, 1051 Augusta St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 7 0 0 0 7 2 2 5

GIVEN NAME ADDED 11-23-56

87203

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Edythe ~~Taylor~~ 3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 21st E.T.
4. *Place of Birth, (Street and Number)* 16 Fair Oak Ave
5. *Full Name of Mother,* Florence M. Taylor
6. *Mother's Maiden Name,* Blessing
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Milton C. Taylor
9. *Father's Occupation* Draughtsman
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 815 Jefferson Ave

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the [illegible] the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970007226

Wm. J. C. Dulany Co., City Printers and Stationers.

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87204

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* October 21 1892

4. *Place of Birth, (Street and Number)* Hanover, Balto co.

5. *Full Name of Mother,* Charlotte Sullivan

6. *Mother's Maiden Name,* Charlotte Radenhop

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* James Sullivan

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Augs. A. Clewell M.D

Address, 1241 Hartford ave

Remarks,

8970007227

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87205

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

9th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 23rd 97.
4. *Place of Birth, (Street and Number)* Firsty St. near Brady Ave
5. *Full Name of Mother,* Martha A.
6. *Mother's Maiden Name,* Taylor
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John R. Howell
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, J B Hartman

Address, 815 Jefferson Ave

Remarks,

8970007228

said schedule shall be delivered, duly signed, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87206

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6th)

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 26th 1897
4. Place of Birth, (Street and Number) 1449 Colombia ave
5. Full Name of Mother, Emma Kalter
6. Mother's Maiden Name, Emma Greening
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Kalter
9. Father's Occupation Teamster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mr Bang

Address, 711 Cross St

Remarks,

8 9 7 0 0 0 7 2 2 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87207

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 27
4. *Place of Birth, (Street and Number)* 812 W. Hamburg St.
5. *Full Name of Mother,* Louisa Stephenson
6. *Mother's Maiden Name,* Bender
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Stephenson
9. *Father's Occupation* Brush Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Prather

Address, 812 W. Hamburg St.

Remarks,

1897 0007230

Wm. J. C. Dulany Co., City Printers and Stationers.

Been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87208
~~87208~~

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 27th 1897
4. Place of Birth, (Street and Number) 722 Hanover St.
5. Full Name of Mother, Lula Myer
6. Mother's Maiden Name, Lula Myer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Do not know
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. Marcus Cargill M.D.

Address, 430 W Biddle St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

8970007231

WM J. G. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 87209

GIVEN NAME ADDED 7-20-62 [redacted]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: David Robert 4th Brafman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 28, 1897
4. *Place of Birth, (Street and Number)* 219 S. Eden st.
5. *Full Name of Mother,* Rosa Brafman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Hyam's Brafman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970007232

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* ~~White~~

3. *Date of Birth,* October 28th 1897

4. *Place of Birth, (Street and Number)* 903 Boyd street

5. *Full Name of Mother,* Mary Ellen Gertrude McGuirk

6. *Mother's Maiden Name,* Stutch

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* William Henry McGuirk

9. *Father's Occupation* Painter (Compositor)

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs O Hayes

Address, 924 Hollins St

Remarks,

8970007233

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thirteenth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 28th 1897
4. *Place of Birth, (Street and Number)* 2208 Cleaveland place
5. *Full Name of Mother,* Annie Wirtz
6. *Mother's Maiden Name,* Annie Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Manuale Wirtz
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1610 N Wolfe st

Remarks,

8970007234

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 Oct. - 97
4. *Place of Birth, (Street and Number)* 160 S East Baltimore St
5. *Full Name of Mother,* Mary Snyder.
6. *Mother's Maiden Name,* Mary Snyder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Meyers.
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Anna Giering

Address, 160 S East Baltimore St.

Remarks,

8970007235

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

~~87213~~
87213

RETURN OF A BIRTH.

EN NAME ADDED. 8-7-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Berkley May Bradford

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Col.~~ female

1. Sex, (state whether male or female) Col.
2. Race or Color, (if not of the white race) Oct 29 ~~21~~ 1897
3. Date of Birth, 918 Elm Place
4. Place of Birth, (Street and Number) Gay Bradford.
5. Full Name of Mother, " "
6. Mother's Maiden Name, Va.
7. Mother's Birthplace, Unknown.
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, M. L. Todd

Name of Medical Attendant, or other person who makes this Return, Md. Genl. Hosp.

Address,

Remarks,

8 9 7 0 0 0 7 2 3 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 30. 1897

4. Place of Birth, (Street and Number) 1229 N. Bond st.

5. Full Name of Mother, Emily Kelly Cook

6. Mother's Maiden Name, " " Mears

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Chas. T. Cook

9. Father's Occupation Musician

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, G. A. Hartman M.D.

Address, 1121 N. Carolina St.

Remarks,

8970007237

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87215
over

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 24, 1897
4. Place of Birth, (Street and Number) 1633 N. Spring St.
5. Full Name of Mother, Frances A. Crouther
6. Mother's Maiden Name, " " Shaw
7. Mother's Birthplace, Halifax, Yorkshire, England
8. Full Name of Father, Fred K. Crouther
9. Father's Occupation Laundryman
10. Father's Birthplace, New York City

Name of Medical Attendant, or other person who makes this Return, G. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

8 9 7 0 0 0 7 2 3 8

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-9-66

RETURN OF A BIRTH.

87216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Dorothy Louise ~~Tabor~~ 3rd.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twin

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 16. 1947
4. Place of Birth, (Street and Number) 1733 E. Lanvale St.
5. Full Name of Mother, Lora Hill Holden
6. Mother's Maiden Name, " " Cole
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Cyril T. Holden
9. Father's Occupation Traveling Salesman
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, G. A. Hartman M.D.

Address, 113 W. Caroline St.

Remarks,

8 4 7 0 0 0 7 2 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 19. 97
4. *Place of Birth, (Street and Number)*	1717 E. Federal St.
5. *Full Name of Mother,*	Josephine F. Zitzmann
6. *Mother's Maiden Name,*	" Fuldner
7. *Mother's Birthplace,*	New York City
8. *Full Name of Father,*	Fr. Ferdinand Zitzmann
9. *Father's Occupation*	Electrotype
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return,	G. A. Hartman M.D.
Address,	1121 N. Caroline St.
Remarrks,	

8970007240

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or of the person or parents of such attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87218

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mildred Irene ~~Hyman~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 12. 1897
4. *Place of Birth, (Street and Number)* 1516 N. Broadway
5. *Full Name of Mother,* Lillian Viola Hyman
6. *Mother's Maiden Name,* " " Stevens
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Joseph C. Hyman
9. *Father's Occupation* Telegrapher
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return, G. A. Hartman M.D.

Address, GIVEN NAME ADDED. 6-26-53 1121 N. Caroline St.

Remarks, L.M.

8970007241

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

8719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 1. 1897
4. *Place of Birth, (Street and Number)*	325 E. Lafayette Ave.
5. *Full Name of Mother,*	Sarah Eliz[illegible] Robinson
6. *Mother's Maiden Name,*	" " Bunting
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Chas. E. Robinson
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Cambridge, Dorchester Co. Md.
Name of Medical Attendant, or other person who makes this Return,	G. A. Hartman M.D.
Address,	113 W. Madison St.
Remarks,	

1897000007242

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 87220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 1 th 1877
4. *Place of Birth, (Street and Number)* 1107 Wilmer Alley
5. *Full Name of Mother,* Mary Harris
6. *Mother's Maiden Name,* Mary Johnson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Harris
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Hester Cotance

Address, 519 Preston St

Remarks,

8970007243

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Oct. 5. 1897
4. *Place of Birth, (Street and Number)* 1136 N. Gay St.
5. *Full Name of Mother,* Ora M. Layman
6. *Mother's Maiden Name,* Ora M. Hutchison
7. *Mother's Birthplace,* Elkton Md.
8. *Full Name of Father,* Abel C. Layman
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant or other person who makes this Return, H. Evans

Address, R. E. Cor. Cary & Hoyde St.

Remarks,

8970007244

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK D SA

RETURN OF A BIRTH.

87222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 13. 1897
4. *Place of Birth, (Street and Number)* 1240 Lombard St.
5. *Full Name of Mother,* Ettie Mary Mosbury
6. *Mother's Maiden Name,* Ettie Taylor
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel R. Mosbury
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, H. Evans

Address, N. E. Cor Carey & Fayette St.

Remarks,

8970007245

Wm J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87223

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 18, 1897
4. Place of Birth, (Street and Number) 1429 Myrtle Ave.
5. Full Name of Mother, Mary Alice Cann
6. Mother's Maiden Name, Mary Alice McBee
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Bertram Cann
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. J. Evans

Address, N.E. Cor Carey & Fayette St.

Remarks,

8970007246

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

87224

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 22. 1897
4. Place of Birth, (Street and Number) 922 W Mulberry
5. Full Name of Mother, Clara Dallmann
6. Mother's Maiden Name, Bertram
7. Mother's Birthplace, St. Louis
8. Full Name of Father, Wm Dallmann
9. Father's Occupation minister
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Marie E. Thalwitzer

Address, 725 Mulberry Str.

Remarks,

8970007247

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH.

87225

GIVEN NAME ADDED. 11-14-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helen Eleonora

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 24th 1897

4. Place of Birth, (Street and Number) 1327 N. Central Ave

5. Full Name of Mother, Maria Albrecht

6. Mother's Maiden Name, Sadler

7. Mother's Birthplace, Phila. Pa.

8. Full Name of Father, John H. Albrecht

9. Father's Occupation Electrician

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, S. H. Seligner M. D.

Address, 1501 N. Eager St

Remarks,

8 9 7 0 0 0 7 2 4 8

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

87226

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male George M. Coleman
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 27th 97
4. *Place of Birth, (Street and Number)* 1805 N Bond St
5. *Full Name of Mother,* Lizzie M Coleman
6. *Mother's Maiden Name,* Benjamin
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George A Coleman
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, S. H. Seldner M. D.

Address, 1501 N Nayer St.

Remarks,

8970007249

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH.

87227

CERTIFICATE CORRECTED 11-29-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Abramson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 30 Oct 1897
4. Place of Birth, (Street and Number) 289 Ragus ave
5. Full Name of Mother, Sarah ~~Abraham~~ Abramson
6. Mother's Maiden Name, ~~Fidel~~ Kensel
7. Mother's Birthplace, Rusia
8. Full Name of Father, Louis ~~Abraham~~ Abramson
9. Father's Occupation Tailor
10. Father's Birthplace, Rusia

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulbig

Address, 1302 E Lexington St

Remarks,

8970007250

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored light Brown Skin
3. *Date of Birth,* Oct 31st 97
4. *Place of Birth, (Street and Number)* 1198 Howard St
5. *Full Name of Mother,* Lizzie Caulk
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John Taylor
9. *Father's Occupation* Sailing
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Annie Johnson

Address, 1012 Plum alley

Remarks,

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

87229

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 31/97
4. Place of Birth, (Street and Number) 1840 Stoffkins Ave
5. Full Name of Mother, Clara S. F. Heise
6. Mother's Maiden Name, Cook
7. Mother's Birthplace, Balto.
8. Full Name of Father, Augustus Heise
9. Father's Occupation Painter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, S. W. Seldner M. D.

Address, 1501 E. Eager St

Remarks,

8 9 7 0 0 0 7 2 5 2

Health. This schedule shall contain a list of the births which have the same name of each child, (if any shall have month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87280

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct 2 '98
4. *Place of Birth, (Street and Number)* 1708 E. Monument St
5. *Full Name of Mother,* Emma Nichlon
6. *Mother's Maiden Name,* Baker
7. *Mother's Birthplace,* Baker
8. *Full Name of Father,* Fred H Nichlon
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Harford Co Md

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E Preston St

Remarks,

8970007253

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87231

RETURN OF A BIRTH.

GIVEN NAME ADDED 11-30-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elizabeth Mainster McPoint

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 3/97
4. Place of Birth, (Street and Number) 1334 N. Carlton St
5. Full Name of Mother, Holtie McLean
6. Mother's Maiden Name, Budd
7. Mother's Birthplace, Balto
8. Full Name of Father, Earl McLean
9. Father's Occupation Electrician
10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return, M. B. Billingsley

Address, 1206 E Preston

Remarks,

8970007254

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately upon the occurrence of the birth of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87252

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 3d-3/97

4. Place of Birth, (Street and Number) 1535 N. Carlton St

5. Full Name of Mother, Ella Ina Louis Budd

6. Mother's Maiden Name, Ella Ina Louis Bodie

7. Mother's Birthplace, Md

8. Full Name of Father, Saml Madison

9. Father's Occupation Electrician

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Pratt St

Remarks,

8 7 7 0 0 0 7 2 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)
2. Race, (Color. If not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant or other person who makes this Return,

Address,

Remarks,

B 9 7 0 0 0 7 2 5 6

RETURN OF A BIRTH: A 87234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Oct. 9th 1897
4. Place of Birth, (Street and Number) 1900 Bradish Ave.
5. Full Name of Mother, Annie Brohawn
6. Mother's Maiden Name, Annie Stokes
7. Mother's Birthplace, Georgia
8. Full Name of Father, John Brohawn
9. Father's Occupation Driver of Wagon
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. A. Zepp M.D.

Address, 3056 W. North Ave.

Remarks,

8970087257

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 87235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 15th 1897
4. *Place of Birth, (Street and Number)* 2021 Oak St. Balto.
5. *Full Name of Mother,* Annie Burnham.
6. *Mother's Maiden Name,* Annie Keller.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* William F. Burnham.
9. *Father's Occupation* Lineman.
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, E. B. Hartz M.D.

Address, 815 Jefferson Ave Balto.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 7 0 0 0 7 2 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct. 9th 1897.
4. Place of Birth, (Street and Number) 123 W. 21st St.
5. Full Name of Mother, Ella Harris
6. Mother's Maiden Name, Francis
7. Mother's Birthplace, Md
8. Full Name of Father, Geo. Harris
9. Father's Occupation Labor
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, T. A. Killion, M.D.

Address, 119 W. 21st St.

Remarks,

8970007259

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 87256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 1 1897
4. Place of Birth, (Street and Number) 1410 Bleak St.
5. Full Name of Mother, Louise Kathryn Brown
6. Mother's Maiden Name, Nicolaus
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William A. Brown
9. Father's Occupation Rigger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Heine

Address, 1427 E. Heath St.

Remarks,

been entered its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

B 97 0 0 0 7 2 6 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Nov. 1st. 97.

4. *Place of Birth, (Street and Number)* 308 Aiequith St.

5. *Full Name of Mother,* Sarah Ball

6. *Mother's Maiden Name,* Longhminer

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Max Ball.

9. *Father's Occupation,* Salesman

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, J. K. Christian M.D.

Address,

Remarks,

8 9 7 0 0 0 7 2 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

38.]

RETURN OF A BIRTH. 87258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 12th 1897.
4. *Place of Birth, (Street and Number)* #2929 Hudson St.
5. *Full Name of Mother,* Kate Kirby.
6. *Mother's Maiden Name,* Kate Neif.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Samuel Kirby.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Miss Mary M. Taylor.

Address, #611 S. Patterson Park Ave.

Remarks,

1897000 7262

Wm. J. C. Dulany Co., City Printers and Stationers.

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 87259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 15 1897
4. *Place of Birth, (Street and Number)* 1107 Patapsco st
5. *Full Name of Mother,* Elizabeth Wellslager
6. *Mother's Maiden Name,* Piper
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Wellslager
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah S Harrington

Address, 924 Binney st

Remarks,

8970007263

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 87260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 1st

4. Place of Birth, (Street and Number) 1026 Hollins St

5. Full Name of Mother, Helena Hargadon

6. Mother's Maiden Name, Helena Born

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Bryan Hargadon Jr

9. Father's Occupation Brass Moulder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, W A Ledby

Address, 1004 West Lexington St

Remarks,

8 9 7 0 0 0 7 2 6 4

been conferred) its sex, color, the full name and occupation, of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. 87261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Hilda R. Mardaga

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 1st. 97

4. Place of Birth, (Street and Number) No. 931 N. Bond. Str.

5. Full Name of Mother, Josephine Mardaga.

6. Mother's Maiden Name, White

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adolf (Thomas) Mardaga

9. Father's Occupation Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gruss.

Address, 1907 E. Monument. Str.

Remarks,

8 7 7 0 0 0 7 2 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 1 1897
4. *Place of Birth, (Street and Number)*	1509 Stockton St
5. *Full Name of Mother,*	Alice Glen
6. *Mother's Maiden Name,*	Alice Hughs
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Patrick Glen
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	1828 Light St
Remarks,	Dairy Well

8 9 7 0 0 0 7 2 6 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 1st
4. Place of Birth, (Street and Number) 1117 McDonogh St
5. Full Name of Mother, Mary Elizabeth Thawley
6. Mother's Maiden Name, Mr. E. Freede
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Samuel Alton Thawley
9. Father's Occupation Can maker
10. Father's Birthplace, Hillsboro' Caroline Co Md

Name of Medical Attendant, or other person who makes this Return, Maria Wright

Address, 814 Enzor St

Remarks, None

8970007267

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 87264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 1st 1897
4. *Place of Birth, (Street and Number)* 1328 Wood Yeer st
5. *Full Name of Mother,* Ella Richardson
6. *Mother's Maiden Name,* Ella Boogden
7. *Mother's Birthplace,* Annarundel Co
8. *Full Name of Father,* Henry Richardson
9. *Father's Occupation* Solver
10. *Father's Birthplace,* Annarundel Co

Name of Medical Attendant, or other person who makes this Return, Mary Horsey

Address, 809 Lemon st

Remarks,

8970007268

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 1
4. *Place of Birth, (Street and Number)* Landhurst Edmonson Ave
5. *Full Name of Mother,* Margaret Devlin
6. *Mother's Maiden Name,* Margaret A Rowe
7. *Mother's Birthplace,* Talbot Co
8. *Full Name of Father,* Patrick Devlin
9. *Father's Occupation* Gardner
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mary J Reagan

Address, 2847 Lanvale St

Remarks,

8970007269

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236

RETURN OF A BIRTH. ~~87226~~ 87266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Nov. 1 1897
4. *Place of Birth, (Street and Number)* 318 Bilt St
5. *Full Name of Mother,* Lanniard Seward
6. *Mother's Maiden Name,* " Hicks
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Edward Seward
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return, H Barclay M.D.

Address, 301 E 22nd St

Remarks,

8970007270

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36]

RETURN OF A BIRTH. 87267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	B Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1 November 1887
4. *Place of Birth, (Street and Number)*	1812 Boyd St
5. *Full Name of Mother,*	Louisa Gardner
6. *Mother's Maiden Name,*	Louisa Shadler
7. *Mother's Birthplace,*	~~Baltimore~~ Germany
8. *Full Name of Father,*	Julius Gardner
9. *Father's Occupation*	Farmer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	1828 Light St
Remarks,	Dairy Well

1897000727 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 1 1897
4. *Place of Birth, (Street and Number)* 21 Potomac st
5. *Full Name of Mother,* Fredrickey Allender
6. *Mother's Maiden Name,* Fredricky Schuck
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Allender
9. *Father's Occupation* labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 474 Fort ave

Remarks,

8 4 7 0 0 0 7 2 7 2

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236.]

its parents, the date and place of birth; and the
in the form of a certificate between the first and
ssioner of Health. In case the birth of any child
r of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
ered as other fines and forfeitures are recoverable.

been entered) its sex, color, the full name and occupation of its pare
said schedule shall be delivered, duly signed by the practitioner in the
third day of each and every month to the office of the Commissioner
shall occur without the attendance of a physician or practitioner it shall
attendance upon the mother, Commissioner of Health, in the manner
child to report its birth to the who shall hereafter fail to comply with the
any such person or persons who shall hereafter fail to comply with the
jected to the fine of ten (10) dollars for each offence, to be recovered as

RETURN OF A BIRTH. 87269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 1st 1897
4. *Place of Birth, (Street and Number)* 2 Garrett St
5. *Full Name of Mother,* Thecla Back
6. *Mother's Maiden Name,* Thecla Brunner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Back
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Frederick Ave

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970007273

36.]

RETURN OF A BIRTH. 87270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. Child

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)* White Race

3. *Date of Birth,* Born Nov 1st - 1897

4. *Place of Birth, (Street and Number)* # 2125 Wilhelm St.

5. *Full Name of Mother,* Mrs. Alvina Lehmeis

6. *Mother's Maiden Name,* Miss. " Pommern

7. *Mother's Birthplace,* Bayern Germany

8. *Full Name of Father,* Mr. Adam Lehmeis

9. *Father's Occupation* Butcher

10. *Father's Birthplace,* Bayern Germany

Name of Medical Attendant, or other person who makes this Return, Geo Hiller

Address, # 2008. N. Mc Henry, St.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 1th
4. *Place of Birth, (Street and Number)*	Arlington Ave Waverly
5. *Full Name of Mother,*	Julia Peterson
6. *Mother's Maiden Name,*	Julia Ellinhouse
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Nicolas Pertersen
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Denmark
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	#241 E. Chester.
Remarks,	

18970007275

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 87272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 of November

4. Place of Birth, (Street and Number) 1817 Haneman ave

5. Full Name of Mother, Dori Juma

6. Mother's Maiden Name, Dori Rada

7. Mother's Birthplace, Bohemie

8. Full Name of Father, Gustav Juma

9. Father's Occupation Shailer

10. Father's Birthplace, Bohemie

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1016 Durham St

Remarks,

8970007276

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 1st 1897
4. Place of Birth, (Street and Number) Balto Univ Maternite
5. Full Name of Mother, Eva Cohen
6. Mother's Maiden Name, " Golden
7. Mother's Birthplace, Newcastle England
8. Full Name of Father, Abraham Cohen
9. Father's Occupation Clothier
10. Father's Birthplace, Australia

Name of Medical Attendant, or other person who makes this Return, Henry J. Hinkel M.D.

Address, Balto Univ Hosp.

Remarks,

8 9 7 0 0 0 7 2 7 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 November
4. Place of Birth, (Street and Number) 1302 Federal st
5. Full Name of Mother, Marie Ritz
6. Mother's Maiden Name, Marie Pullat
7. Mother's Birthplace, Balt.
8. Full Name of Father, Charles Ritz
9. Father's Occupation
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N Carl Avenue

Remarks,

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been completed as to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2 November 1897
4. *Place of Birth, (Street and Number)*	1133 William St
5. *Full Name of Mother,*	Theresa Schmuck
6. *Mother's Maiden Name,*	Theresa Friesmass
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Schmuck
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	1828 Light St
Remarks,	Dairy Well

8970007279

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 + st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Nov. 2nd.
4. Place of Birth, (Street and Number) #635 S. Patterson Pk
5. Full Name of Mother, Florence Hudnut.
6. Mother's Maiden Name, Florence Davis.
7. Mother's Birthplace, Balto.
8. Full Name of Father, August Hudnut.
9. Father's Occupation Inspector.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor.

Address, #611 S Patterson Pk Ave.

Remarks,

8 9 7 0 0 0 7 2 8 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 1 Nov 2nd
4. Place of Birth, (Street and Number) 908 McDonog St
5. Full Name of Mother, Emma Chase
6. Mother's Maiden Name, Emma Chase
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Robert Rusk
9. Father's Occupation, Huckter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Peggie Hudnall

Address, 921 McDonogh St

Remarks,

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87278

GIVEN NAME ADDED, 4-27-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Raymond Leroy Moore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 2nd 97
4. Place of Birth, (Street and Number) No. 1419 N. Chester St
5. Full Name of Mother, Matilda Moore
6. Mother's Maiden Name, Jackens
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geoge Moore
9. Father's Occupation Arab
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, 1907 E Monument St.

Remarks,

8970007282

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 2. 1897
4. *Place of Birth, (Street and Number)* 1027 E. Fort ave
5. *Full Name of Mother,* Mrs. Emma Schwankie
6. *Mother's Maiden Name,* " Kohlhoff
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Mr. Edward Schwankie
9. *Father's Occupation* Stevedore
10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other person who makes this Return, John H. Grosshans, M.D.

Address, 1303 Light St

Remarks,

1897000 7283

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
ner of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
vered as other fines and forfeitures are recoverible.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

RETURN OF A BIRTH. 87280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. *Sex, (state whether male or female)*	William H. Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2 March 1897
4. *Place of Birth, (Street and Number)*	130 Gilmor St.
5. *Full Name of Mother,*	Lura Robe Blacke
6. *Mother's Maiden Name,*	Lura Robe Holmes
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Irvin Blacke
9. *Father's Occupation*	Miller
10. *Father's Birthplace,*	Allegany mountains Md
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	1828 Light St
Remarks,	Daing well

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Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 87281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 2d 1897
4. Place of Birth, (Street and Number) 1170 Bowen St.
5. Full Name of Mother, Mary Lydia Hynes
6. Mother's Maiden Name, Murphy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. Henry Hynes
9. Father's Occupation Plasterer
10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, H. W. Webner M.D.

Address, 723 W. Lombard St.

Remarks,

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of midwifery, or of the person or parents of such child to report its birth to the Commissioner of Health. In any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. #7282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 2nd
4. *Place of Birth, (Street and Number)*	# 509 Collington Ave
5. *Full Name of Mother,*	Rosa Fowler
6. *Mother's Maiden Name,*	Rosa Kramer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Fred Fowler
9. *Father's Occupation*	Brewer
10. *Father's Birthplace,*	Balto,
Name of Medical Attendant, or other person who makes this Return,	Mary A Partner
Address,	# 211 S. Chester
Remarks,	

8 9 7 0 0 0 7 2 8 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 2d November
4. Place of Birth, (Street and Number) 2126 Division
5. Full Name of Mother, Mrs Ida Wade
6. Mother's Maiden Name, Ida Hayes Tippett
7. Mother's Birthplace, St Marys County Md
8. Full Name of Father, James M Wade
9. Father's Occupation Laborer
10. Father's Birthplace, Charles County Md

Name of Medical Attendant, or other person who makes this Return, Francis Walker 9 23 Parrishally

Address,

Remarks,

8 9 7 0 0 0 7 2 8 7

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[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, 2 Nov. 97
4. Place of Birth, (Street and Number) 315 20½ St
5. Full Name of Mother, Alonta Smallwood
6. Mother's Maiden Name, Stevens
7. Mother's Birthplace, Md.
8. Full Name of Father, Walter Smallwood
9. Father's Occupation Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, H Bayley M.D.

Address, 301 E. 22nd St.

Remarks,

8970007288

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 2 1894
4. Place of Birth, (Street and Number) 1004 E. Pratt St., Baltimore, Md.
5. Full Name of Mother, Johanna Miller
6. Mother's Maiden Name, Johanna Blitzmann
7. Mother's Birthplace, Russian Poland
8. Full Name of Father, Bernhard Miller
9. Father's Occupation Teacher
10. Father's Birthplace, Russ. Poland

Name of Medical Attendant, or other person who makes this Return, J. C. Josephson, M.D.

Address, 214 S. Exeter St.

Remarks,

18970007289

Wm. J. C. Dulany Co,. City Printers and Stationers.

on of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 3rd 1897
4. *Place of Birth, (Street and Number)* 709 Eager Street
5. *Full Name of Mother,* Bertha Ann Bryant
6. *Mother's Maiden Name,* Bertha Ann Mapp
7. *Mother's Birthplace,* Eastern Shore Virginia
8. *Full Name of Father,* Columbus Bryant
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Wilmington North Carolina

Name of Medical Attendant, or other person who makes this Return, Elizabeth Stevens

Address, 1036 Front Street

Remarks,

8 9 7 U 0 0 0 7 2 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-23-57

RETURN OF A BIRTH. 87287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Milton Edward ~~Branch~~ Branch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, Novemb 2nd 1897
4. Place of Birth, (Street and Number) 922 Warner st
5. Full Name of Mother, Nellie Branch
6. Mother's Maiden Name, Nellie Evens
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, L. Branch
9. Father's Occupation Laborer
10. Father's Birthplace, Raleigh N.C.

Name of Medical Attendant, or other person who makes this Return, Sarah Milton Thomson

Address, 213 York st

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 2
4. *Place of Birth, (Street and Number)* 922 Hillyard st
5. *Full Name of Mother,* Alice King
6. *Mother's Maiden Name,* Alice Kernan
7. *Mother's Birthplace.* Ireland
8. *Full Name of Father,* James King
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 4 7 0 0 0 7 2 9 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 2nd 1897
4. Place of Birth, (Street and Number) 511. Bloom & Etting St
5. Full Name of Mother, Kunigunda Bochm
6. Mother's Maiden Name, " Arnendt
7. Mother's Birthplace, Oberschleicach
8. Full Name of Father, Adam Bochm
9. Father's Occupation Saloon
10. Father's Birthplace, Unterschleicach

Name of Medical Attendant, or other person who makes this Return, Mrs. M. J. Shoesney

Address, 731 Cumberland St

Remarks,

8 4 7 0 0 0 7 2 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 87290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 3rd 1897.
4. Place of Birth, (Street and Number) 215 Cumberland Alley
5. Full Name of Mother, Annie Bell.
6. Mother's Maiden Name, Deanen
7. Mother's Birthplace, Frank Bell
8. Full Name of Father, Taylor
9. Father's Occupation Deanen
10. Father's Birthplace, Mary Kepler

Name of Medical Attendant, or other person who makes this Return, 205 W Washington St

Address,

Remarks,

8970007294

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Baltimore Nov. 3, 1897.
4. Place of Birth, (Street and Number)	No. 20 Susie St. Balto.
5. Full Name of Mother,	Rachel Berman
6. Mother's Maiden Name,	Rachel Harris
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Philipp Berman
9. Father's Occupation,	Expressman
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return,	Wm. Sena Barker
Address,	147 N Exeter St.
Remarks,	

8970007295

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 87292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Nov. 3rd 1897
4. Place of Birth, (Street and Number) 1432 W. Lanvale St
5. Full Name of Mother, Sarah M. Windsor
6. Mother's Maiden Name, Sickle
7. Mother's Birthplace, Newmarket Md
8. Full Name of Father, Wm W. Windsor
9. Father's Occupation, Salesman
10. Father's Birthplace, Montgomery Co Md

Name of Medical Attendant, or other person who makes this Return. Cane F. De Ford M. D

Address, 1010 Hillmore St

Remarks. Please send me both certificate Book

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WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 3 1897
4. Place of Birth, (Street and Number) Baltimore Halmton St-Ad 27
5. Full Name of Mother, Mary E. Scoven
6. Mother's Maiden Name, Mary E. Young
7. Mother's Birthplace, Caroline County Va.
8. Full Name of Father, James Scoven
9. Father's Occupation Coachman
10. Father's Birthplace, Tosentown Baltimore County Md

Name of Medical Attendant, or other person who makes this Return, Mrs Charly Jones

Address,

Remarks,

8970007297

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 3rd. 1897.
4. *Place of Birth, (Street and Number)*	1231 Ashland Ave.
5. *Full Name of Mother,*	Betta Fuchs.
6. *Mother's Maiden Name,*	Betta Fuchs Heil.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Henry Fuchs.
9. *Father's Occupation*	Baker.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton M.D.,
Address,	S.W. cor. Calvert & Preston sts
Remarks,	

8970007298

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person above required, and immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Monday November 3rd 1879
4. *Place of Birth, (Street and Number)* No 701 Covington st
5. *Full Name of Mother,* Rose Smith
6. *Mother's Maiden Name,* Rose Donohue
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Smith
9. *Father's Occupation* Labourer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1517 Byrd St City

Remarks,

8 4 7 0 0 0 7 2 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 87296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 3d 1897
4. Place of Birth, (Street and Number) 1124 Brevard St
5. Full Name of Mother, Rose Emma Neville
6. Mother's Maiden Name, Rose Emma Bonhage
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Francis Neville
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Wisconsin? (Western States)

Name of Medical Attendant, or other Person who makes this Return A.K. Bond M.D.

Address, 803 Park Ave

Remarks,

8970007300

[illegible] have been [illegible] the sex, color, the [illegible] and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

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RETURN OF A BIRTH. 87297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3 November 1894
4. *Place of Birth, (Street and Number)*	208 E Barney St
5. *Full Name of Mother,*	Gertrude Silke
6. *Mother's Maiden Name,*	Gertrude B Lewis
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Silke
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	1828 Light St
Remarks,	(Dairy Mill

8970007301

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 3d
4. *Place of Birth, (Street and Number)* 832 McKim st
5. *Full Name of Mother,* Molly burns
6. *Mother's Maiden Name,* Molly McNally
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Tom burns
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

8 4 7 0 0 0 7 3 0 2

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sun. 3rd 97.

4. Place of Birth, (Street and Number) 618 Pitcher St.

5. Full Name of Mother, Lottie Miller

6. Mother's Maiden Name, Bowers.

7. Mother's Birthplace, Balto.

8. Full Name of Father, Henry F. Miller

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. J. H. Christian M.D.

Address,

Remarks,

8970007303

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 87300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 3 1897
4. *Place of Birth, (Street and Number)* No. 82 Carroll St
5. *Full Name of Mother,* Nellie Witter
6. *Mother's Maiden Name,* Nellie Powers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Clay Witter
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No. 512 Fredrick Ave

Remarks,

8 9 7 0 0 0 7 3 0 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 87301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 3rd
4. *Place of Birth, (Street and Number)*	#2411 Fairmount
5. *Full Name of Mother,*	Nannie Hartelopt.
6. *Mother's Maiden Name,*	Nannie Korney.
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Fred. Hartefopt.
9. *Father's Occupation*	Lithographer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pearner
Address,	#241 S. Chester st
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co,. City Printers and Stationers.

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RETURN OF A BIRTH. 87302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3rd 1897
4. Place of Birth, (Street and Number) Columbia Ave 1417.
5. Full Name of Mother, Kate Delker
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, City
8. Full Name of Father, George Delker
9. Father's Occupation Cart Driver
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Dr A Ledley

Address, 1004 West Lexington St.

Remarks,

8970007306

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, thursday Nov 4 1897
4. Place of Birth, (Street and Number) Balto Md 921 Lemon st
5. Full Name of Mother, Mrs Edith Mooney
6. Mother's Maiden Name, Edith Scheerer
7. Mother's Birthplace, Balto Cyty
8. Full Name of Father, Marten F Mooney
9. Father's Occupation Labor
10. Father's Birthplace, Balto cyty

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 No Pappleton St

Remarks,

8970007307

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 4th 1897
4. Place of Birth, (Street and Number) 1127 Park avenue
5. Full Name of Mother, Louise Berry Duvall
6. Mother's Maiden Name, Louise Yardley Berry
7. Mother's Birthplace, Baltimore
8. Full Name of Father, G Howard Duvall
9. Father's Occupation Sieg to Electric RR
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, F West M D

Address, 5 West Chase St

Remarks, Normal Labor

8 9 7 0 0 0 7 3 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the date and place of birth; and the [illegible] in the form of a certificate between the first and [illegible] Commissioner of Health. In case the birth of any child [illegible] of midwifery, or should no other person be in [illegible] the duty of the person or parents of such [illegible] manner and within the period above required, and [illegible] with the provisions of this section shall be sub- [illegible] as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 4
4. *Place of Birth, (Street and Number)*	14 E. Poultney
5. *Full Name of Mother,*	Mary Ripley
6. *Mother's Maiden Name,*	Mark Fecker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frederick Ripley
9. *Father's Occupation*	machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mary A. Carbery
Address,	213 E. Heath St.
Remarks,	Caring Well

84700071309

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

GIVEN NAME ADDED 7-11-58

RETURN OF A BIRTH. 87306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth R. Roth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 4th 1897
4. Place of Birth, (Street and Number) No. 1018 Hammond Alley
5. Full Name of Mother, Mrs. Annie Roth
6. Mother's Maiden Name, Miss Annie Wolf
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Mr. John Roth
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. Anna Lutz Midwife

Address, No. 1539 Aliceanna Street

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

B 97000 7310

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 4th 1897.
4. Place of Birth, (Street and Number) 1513 Lafayette ave
5. Full Name of Mother, Estelle Luby
6. Mother's Maiden Name, Estelle Salter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ed J Luby
9. Father's Occupation Clerk.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, A D Saxton

Address, 1136 W Lexington St

Remarks,

8970007311

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4 November 1887
4. *Place of Birth, (Street and Number)*	508 West Lee St
5. *Full Name of Mother,*	Margret McNany
6. *Mother's Maiden Name,*	Margret Smith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph McNany
9. *Father's Occupation*	Labarer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooke
Address,	1828 Light St
Remarks,	Daing Well

8970007312

Wm. J. C. Dulany Co., City Printers and Stationers.

236

RETURN OF A BIRTH. 87309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 4th 1897
4. Place of Birth, (Street and Number) 306 S. Gilmor St.
5. Full Name of Mother, Rachel E. Peddicord
6. Mother's Maiden Name, " E. Mercier
7. Mother's Birthplace, Balto Md
8. Full Name of Father, S. B. Peddicord
9. Father's Occupation Fireman
10. Father's Birthplace, Elkridge Landing Md.

Name of Medical Attendant, or other person who makes this Return, Joseph [illegible]

Address, 1075 W. Fayette St.

Remarks, L. O. G. A.

8970007313

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8t

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4t of November 1887.
4. *Place of Birth, (Street and Number)* 2240 Mc El
5. *Full Name of Mother,* Anna Rikert
6. *Mother's Maiden Name,* Anna Oberseidler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Georg Rikert
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hille

Address, 207 N. Castle St.

Remarks,

8 9 7 0 0 0 7 3 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth, and the ...said schedule shall be delivered, duly signed by the pra... ...third day of each and every month to the office of the ... ...shall occur without the attendance of a physician or p... ...attendance upon the mother, immediately thereafter it ... ...child to report its birth to the Commissioner of Health, ...any such person or persons who shall hereafter fail to c... ...jected to the fine of ten (10) dollars for each offence, to b... ...been collected) his sex, color, the full name and ... ...le practitioner in the form of a certificate between the first and ... ...e of the Commissioner of Health. In case the birth of any child ... ...an or practicer of midwifery, or should no other person be in ... ...after it shall become the duty of the person or parents of such ... ...ealth, in the manner and within the period above required, and ... ...ail to comply with the provisions of this section shall be sub- ... ...ce, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 87311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 4th 1877
4. Place of Birth, (Street and Number) Fremont st
5. Full Name of Mother, Annie Liebeck
6. Mother's Maiden Name, Annie Sommers
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Liebeck
9. Father's Occupation Book Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs A Meisenzahl

Address, 524 Wilson st

Remarks,

8970007315

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 87312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	#66 Nov. 4th 1891.
4. *Place of Birth, (Street and Number)*	#66 Kase St. Balto.
5. *Full Name of Mother,*	Theresa Schrander
6. *Mother's Maiden Name,*	Theresa Lessinger.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Anton, Schrander.
9. *Father's Occupation*	Cutter.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Mary M Taylor.
Address,	#611 S. Patterson Pk Ave. Balto
Remarks,	

8 9 7 0 0 0 7 3 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 87313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 4th 1897
4. *Place of Birth, (Street and Number)* 1018 N. Stockton St.
5. *Full Name of Mother,* Mollie L. Bichell
6. *Mother's Maiden Name,* Mollie L. Ridge
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Philip L. Bichell
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* St Marys Co

Name of Medical Attendant, or other person who makes this Return, Mary Horsey

Address, 1809 Lorman St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970007317

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87314

GIVEN NAME ADDED 11-20-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Morris Sherry

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 4th 1897
4. Place of Birth, (Street and Number) 1200 E. Charles st
5. Full Name of Mother, Sarah Sherry
6. Mother's Maiden Name, Sarah Goldstein
7. Mother's Birthplace, Germany
8. Full Name of Father, Samuel S. Sherry
9. Father's Occupation Store-keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Chas L. Buddenbohn M.D.

Address, 418 E. Pacat.

Remarks,

18970007318

Wm. J. C. Dulany Co., City Printers and Stationers.

...er in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the ...third day of each and every month to the office of the Commissioner of ...shall occur without the attendance of a physician or practitioner of ...attendance upon the mother, immediately thereafter it shall become the ...child to report its birth to the Commissioner of Health, in the manner ...any such person or persons who shall hereafter fail to comply with the ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 87315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (~~state whether male or female~~)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, 11 - 4 - 97
4. Place of Birth, (Street and Number) S/E. Cor Mount & Fayette sts
5. Full Name of Mother, Mary A. Sullivan
6. Mother's Maiden Name, " J. McCarey
7. Mother's Birthplace, Florida
8. Full Name of Father, M. J. Sullivan
9. Father's Occupation Druggist
10. Father's Birthplace, Florida

Name of Medical Attendant, or other person who makes this Return, L. F. Frey MD

Address, 2470 Druid Hill Ave.

Remarks,

8 9 7 0 0 0 7 3 1 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 87316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov. 4/97
4. Place of Birth, (Street and Number)	1319 W. Fulton Ave
5. Full Name of Mother,	Lillian Bradley
6. Mother's Maiden Name,	" Thorpe
7. Mother's Birthplace,	New York
8. Full Name of Father,	James B Bradley
9. Father's Occupation,	Actor
10. Father's Birthplace,	U.S.
Name of Medical Attendant, or other Person who makes this Return.	Frank Gilmore M.D.
Address,	1119 E. 1 Balto
Remarks,	

Murphy & Co., City Printers and Stationers.

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3.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 5 Nov 1897
4. *Place of Birth, (Street and Number)* 230 Olivie st
5. *Full Name of Mother,* Mary Tomasus
6. *Mother's Maiden Name,* Mary Eckert
7. *Mother's Birthplace,* America
8. *Full Name of Father,* George Tomasus
9. *Father's Occupation* Labor
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

8970007321

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 87318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 1st 1897
4. *Place of Birth, (Street and Number)* 1226 E. Baltimore St
5. *Full Name of Mother,* Margaret V. Brennan
6. *Mother's Maiden Name,* Margaret V. Morris
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Michael E. Brennan
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, A. G. Watson

Address, 1301 N. Central Ave.

Remarks,

8970007322

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6.]

RETURN OF A BIRTH. 87319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* November 4th

4. *Place of Birth, (Street and Number)* 116 Hollins st

5. *Full Name of Mother,* Celia Byer

6. *Mother's Maiden Name,* Celia Finnern

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Joseph Byer

9. *Father's Occupation* Mattress Maker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno O'Hayer

Address, 924 Hollins st

Remarks,

8970007323

Wm. J. C. Dulany Co., City Printers and Stationers.

ation of its parents, the date and place of birth; and the
been collected) its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commis-
practioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or practi-
t shall become the duty of the person or parents of such
in the manner and within the period above required, and
attendance upon its birth to the Commissioner of Health, in the
child to report its birth to the Commissioner of Health, in the
comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-9-64

RETURN OF A BIRTH. 87320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: SUMNER Bisbee Wright

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 5th 1897
4. Place of Birth, (Street and Number) 2209 Rushin Ave
5. Full Name of Mother, Nellie Bisbee Wright
6. Mother's Maiden Name, Nellie Bisbee
7. Mother's Birthplace, Keokuk Iowa
8. Full Name of Father, John D. Wright
9. Father's Occupation, Superintendant
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, John R. Uhler M.D.

Address, 1531 McCulloh St.

Remarks,

18970007324

Wm. Mulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th Nov 1897
4. *Place of Birth, (Street and Number)* 1714 Collington Ave
5. *Full Name of Mother,* Katie Burgman
6. *Mother's Maiden Name,* Katie Kenings
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Alfred Burgman
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bowie

Address, 1510 Mt Holly St

Remarks,

8970007325

Wm. J. C. Dulany Co., City Printers and Stationers.

1236j

RETURN OF A BIRTH. 87322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 5, 1897.
4. Place of Birth, (Street and Number) 11 Amory St
5. Full Name of Mother, Beckie Mirbritz
6. Mother's Maiden Name, Beckie Brown
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Brown
9. Father's Occupation Shoemaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. W. Rubinstein

Address, 123 W. Barre St.

Remarks,

8970007326

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Nov 3 97
4. *Place of Birth, (Street and Number)*	1604 Pattison ave.
5. *Full Name of Mother,*	Laura E Compton.
6. *Mother's Maiden Name,*	Laura E Coates
7. *Mother's Birthplace,*	Dorchester Co Md
8. *Full Name of Father,*	Archie C Compton
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Baltimore Co Md
Name of Medical Attendant, or other person who makes this Return	Charles T Hosford M.D.
Address,	1627 W Lexington St
Remarks,	

8970007327

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 87324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 5 '97
4. *Place of Birth, (Street and Number)*	1417 N. Chester
5. *Full Name of Mother,*	Annie Marie Dorer
6. *Mother's Maiden Name,*	" " Collins
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Frank Dorer
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
Address,	1601 N. Broadway
Remarks,	

1897000073288

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female (Twins)
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 5 1897
4. Place of Birth, (Street and Number) 1205 E Preston St
5. Full Name of Mother, Emma Bornemann
6. Mother's Maiden Name, Emma Elliott
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Harrison Bornemann
9. Father's Occupation, Shoe cutter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Albert J. Atkinson MD

Address, 1037 Maryline St.

Remarks, Both infants were born vertex presenting very easy labor without complications.

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87325 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female (Twins)
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 5 1897
4. Place of Birth, (Street and Number) 1205 Preston St
5. Full Name of Mother, Emma Barneman
6. Mother's Maiden Name, Emma Elliott
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Harrison Barneman
9. Father's Occupation, Shoe Cutter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Robert S. McKinson M.D.

Address, 1037 W. Caroline St

Remarks, Both infants were born vertex presenting. Very easy labor without complications

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 2.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	November 5th 1897
4. *Place of Birth, (Street and Number)*	1319 Argyle Av
5. *Full Name of Mother,*	Elizabeth E Ochs
6. *Mother's Maiden Name,*	" " Wills
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John G Ochs
9. *Father's Occupation*	Paperhanger
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	J. Ridgway Brodie M.D.
Address,	1123 E Balto st
Remarks,	

8 9 7 0 0 0 7 3 3 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or midwifery, or should no other person be in attendance upon the mother, immediately after the birth to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 87327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 5th 1897
4. *Place of Birth, (Street and Number)* No 111 South Ponca Street
5. *Full Name of Mother,* Mrs Annie Groff
6. *Mother's Maiden Name,* Miss Annie Kuhnke
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Mr John Groff deceased
9. *Father's Occupation*
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Long midwife

Address, 1539 Aliceanna Street

Remarks, Mr John Groff died July 4th 1897

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 87328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Nov. 5, 1897.

4. *Place of Birth, (Street and Number)* 1063 Argyle Ave

5. *Full Name of Mother,* Teresa Braxton,

6. *Mother's Maiden Name,* " Woodland

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* Nathaniel Braxton,

9. *Father's Occupation* Baker

10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, O. Edward Janney, M.D.

Address, 837 N. Eutaw St

Remarks,

8 4 7 0 0 0 7 3 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 6th
4. *Place of Birth, (Street and Number)* 923 Madison
5. *Full Name of Mother,* Ellen Hasell
6. *Mother's Maiden Name,* Ellen Carter
7. *Mother's Birthplace,* London Eng
8. *Full Name of Father,* Arthur Geo Hasell
9. *Father's Occupation* Plumber
10. *Father's Birthplace,* London Eng

Name of Medical Attendant, or other person who makes this Return, C Baum M.D.

Address, 2141 Druid Hill Ave

Remarks, -

1897000 7334

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, november the 6
4. Place of Birth, (Street and Number) Clon place 431 Baltinore MD
5. Full Name of Mother, Ensil Bracks
6. Mother's Maiden Name, Susie Carter
7. Mother's Birthplace, wes morlon Conty Va
8. Full Name of Father, Charles Broocks
9. Father's Occupation, Laber
10. Father's Birthplace, colbart conty. m.D.

Name of Medical Attendant, or other person who makes this Return. mary Burnes

Address, 555 Oxford St

Remarks,

8 9 7 0 0 0 7 3 3 5

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 6, 1897
4. Place of Birth, (Street and Number) S.E. Cor ~~Mott~~ Franklin & Park Ave.
5. Full Name of Mother, Theresa Judson Wyeth
6. Mother's Maiden Name, Theresa Judson
7. Mother's Birthplace, New York City
8. Full Name of Father, Wm H. Wyeth
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Jas H. Creighton M.D.

Address, 1726 N. Charles St.

Remarks,

8970007336

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RETURN OF A BIRTH. 87332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6 November 1897
4. *Place of Birth, (Street and Number)*	25 E Barney St
5. *Full Name of Mother,*	Barbara Ekel
6. *Mother's Maiden Name,*	Barbara Hoel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles E Ekle
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Kenmore Frederick Co Md
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooke
Address,	1828 Light St
Remarks,	Dairy Mill

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 6th 1897
4. Place of Birth, (Street and Number) 234 N. Carey
5. Full Name of Mother, Catherine E. Michael
6. Mother's Maiden Name, " Cooley
7. Mother's Birthplace, Michaelsville Md
8. Full Name of Father, Benedict K. Michael
9. Father's Occupation Salesman
10. Father's Birthplace, Perryman's Md

Name of Medical Attendant, or other person who makes this Return, Joseph C. Wunder

Address, 1075 W. Fayette

Remarks, L. V. I. A.

8 9 7 0 0 0 7 3 3 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — tenth.

1. Sex, (state whether male or female) — male.
2. Race or Color, (if not of the white race) — white.
3. Date of Birth, — Nov. 6 1897.
4. Place of Birth, (Street and Number) 33 Reese St Waverly.
5. Full Name of Mother, — Ella Carrol Yeager.
6. Mother's Maiden Name, — Ella Carrol Miles.
7. Mother's Birthplace, — Balto Co.
8. Full Name of Father, — John T. Yeager.
9. Father's Occupation — Driver.
10. Father's Birthplace, — Balto. City.

Name of Medical Attendant, or other person who makes this Return, Martha Griffen

Address, 1514 Winsor Ave. Balto.

Remarks, All right.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 87335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* November 6th, 1897

4. *Place of Birth, (Street and Number)* 1739 N. Carolina St.

5. *Full Name of Mother,* Florence L. Walter

6. *Mother's Maiden Name,* Florence L Snyder

7. *Mother's Birthplace,* Hagerstown Md

8. *Full Name of Father,* C Wm. Walter.

9. *Father's Occupation* Cutter

10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton. M.D.

Address, S. W Cor. Calvert & Preston Sts.

Remarks, (Case of Placenta Praevia Centralis)

1 8 9 7 0 0 0 7 3 4 0

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6 November 1893
4. *Place of Birth, (Street and Number)*	1602 Light St
5. *Full Name of Mother,*	Louisa J Schmuck
6. *Mother's Maiden Name,*	Louisa J Bopp
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George J Schmuck
9. *Father's Occupation*	upholsterer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	1828 Light St
Remarks,	Daing well

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 6th 1897
4. *Place of Birth, (Street and Number)* 525 N. Eden
5. *Full Name of Mother,* Florence Miller
6. *Mother's Maiden Name,* " Miller
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Henry Miller
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer M.D.

Address, 1400 Jefferson St.

Remarks,

8970007342

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Ethel Virginia Tippy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 6th
4. Place of Birth, (Street and Number) 208 E. Hamburg
5. Full Name of Mother, Elnore Tippy
6. Mother's Maiden Name, Elnore Fallins.
7. Mother's Birthplace, Balto.
8. Full Name of Father, John F. Tippy
9. Father's Occupation Brass Finisher
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary R. Carkey

Address, 213 E. Heath St

Remarks, Doing Well

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Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 87339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7 November
4. *Place of Birth, (Street and Number)* 1612 Dallas st
5. *Full Name of Mother,* Willie Lubberry
6. *Mother's Maiden Name,* = Anderson
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Georges Lubberry
9. *Father's Occupation* =
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 W Cent Av.

Remarks,

8970007344

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2 nd

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* Nov 7 th. 1897
4. *Place of Birth,* (*Street and Number*) No: 426 Frederick Ave
5. *Full Name of Mother,* Annie Eockel
6. *Mother's Maiden Name,* Annie Hoffmeister
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fredrick Eockel
9. *Father's Occupation* Saloon-keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Thomas

Address, No: 312 Fredricke Ave. Annex

Remarks,

8 9 7 0 0 0 7 3 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 7
4. *Place of Birth, (Street and Number)* 1228 E. Chase st
5. *Full Name of Mother,* Ema Hanlen
6. *Mother's Maiden Name,* Ema Guveldring
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Hanlen
9. *Father's Occupation,* Sponger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Cunningham

Address,

Remarks,

8970007346

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 7th 1897
4. Place of Birth, (Street and Number) 8 S. Exeter st.
5. Full Name of Mother, Ida Blumberg
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Abraham Blumberg
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970007347

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of the birth, and the first and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236]

OTHER NAME ADDED. 11-23-51

RETURN OF A BIRTH. 87343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ruth Kathryn Bush

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th day of Dec 1897
4. *Place of Birth, (Street and Number)* 1327 Light St
5. *Full Name of Mother,* Emma Bush
6. *Mother's Maiden Name,* Schecle
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Philip Bush
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs E R Broades

Address, 1328 Light St

Remarks, Boring Well

8970007348

Wm. J. C. Dulany Co., City Printers and Stationers.

...el the full name of each child, (if any shall have ...f his parents, the date and place of birth; and the ...er in the form of a certificate between the first and ...missioner of Health. In case the birth of any child ...er of midwifery, or should no other person be in ...become the duty of the person or parents of such ...shall be delivered, and within the period above required, and ...manner and with the provisions of this section shall be sub- ...any such person or persons who shall hereafter fail to comply with the ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 87344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 7th
4. *Place of Birth, (Street and Number)*	#223 Lucas Pl.
5. *Full Name of Mother,*	Laura Rathgeber
6. *Mother's Maiden Name,*	Laura Lantz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Rathgeber
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return,	Mary L. Pertner
Address,	#241 S. Chester st
Remarks,	

8 9 7 0 0 0 7 3 4 9

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* nov 7 1897
4. *Place of Birth, (Street and Number)* no 7
5. *Full Name of Mother,* mrs Rossey Brown
6. *Mother's Maiden Name,* Rossey Johnson
7. *Mother's Birthplace,* Balti City
8. *Full Name of Father,* John Brown
9. *Father's Occupation* Publice water
10. *Father's Birthplace,* Fredrick City

Name of Medical Attendant, or other person who makes this Return, mrs Jane Butler

Address, 208 myrtle Av

Remarks, mother and child doing well

Assisted by Rev Lorne

1 8 9 7 0 0 0 7 3 5 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 7
4. *Place of Birth, (Street and Number)* 630 Forest st
5. *Full Name of Mother,* Mary Campbell
6. *Mother's Maiden Name,* Mary Kennedy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Robert J. Campbell
9. *Father's Occupation,* R Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Cunningham

Address,

Remarks,

1897000735 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	F.
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	Nov. 7th. 1897.
4. *Place of Birth, (Street and Number)*	740 Carroll Ave, Mount
5. *Full Name of Mother,*	Florence Caspe
6. *Mother's Maiden Name,*	Chandlee
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Milton R. Caspe
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Washington D. C.
Name of Medical Attendant, or other person who makes this Return,	Walter Bolgiano
Address,	1020 N. Charles St.
Remarks,	

8 9 7 0 0 0 7 3 5 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236 CERTIFICATE CORRECTED 8-15-51 NAME CHANGED BY COURT ORDER 8-15-51

RETURN OF A BIRTH. 87348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Joseph (~~Przybye~~) Sibol

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 November 1897
4. Place of Birth, (Street and Number) 719 S. Bond St.
5. Full Name of Mother, (~~Magdeline~~) (~~Pribil~~) Magdalene Przybye
6. Mother's Maiden Name, (~~Kajer~~) Kaiser
7. Mother's Birthplace, Pole
8. Full Name of Father, John (~~Pribil~~) Przybye
9. Father's Occupation Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 838 S. Bond St.

Remarks,

8970007353

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Baltimore Nov 8 /97
4. *Place of Birth, (Street and Number)*	727 S. Charles St Baltimore Md.
5. *Full Name of Mother,*	Aster Jaiols
6. *Mother's Maiden Name,*	Aster Liner
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Joseph Jaiols
9. *Father's Occupation,*	Clothing Store
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs. Lena Barber
Address,	147 N. Exeter St. Balto.
Remarks,	

8970007354

Wm J C. Dulany Co., City Printers and Stationers.

236

RETURN OF A BIRTH. 87350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 8
4. Place of Birth, (Street and Number) 207 Aliciana St.
5. Full Name of Mother, Katie Rozinsky
6. Mother's Maiden Name, Jakowske
7. Mother's Birthplace, Pole
8. Full Name of Father, Andrew Rozinsky
9. Father's Occupation Workman
10. Father's Birthplace, Pole.

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S. Bond St.

Remarks,

8970007355

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 87351

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (~~state together~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex*, (~~state whether male or~~ *female*)

2. *Race or Color*, (~~if not of the~~ *white* ~~race~~)

3. *Date of Birth*, Nov 8th 1897

4. *Place of Birth*, (*Street and Number*) Good Samaritan Hospital 1030 Mc Culloh

5. *Full Name of Mother*, Sara Fraser Preston

6. *Mother's Maiden Name*, " Fearon

7. *Mother's Birthplace*, Penna

8. *Full Name of Father*, Harry Preston

9. *Father's Occupation*, Farmer

10. *Father's Birthplace*, Harford Co Md.

Name of Medical Attendant, or other Person who makes this Return Pearce Kintzing MD

Address, 424 N Green St

Remarks, Mother is a primipara at the age of Forty three and both are in good condition 7 0 0 0 7 3 5 6

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1236.]

RETURN OF A BIRTH. 87352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 8 November
4. Place of Birth, (Street and Number) 1404 Cookson St.
5. Full Name of Mother, Maria Vyskocil
6. Mother's Maiden Name, Vbora.
7. Mother's Birthplace, Bohimia
8. Full Name of Father, Josef Vyskocil
9. Father's Occupation Laboar
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Kath. O'Mara

Address, 1331 Hull St. Locust Point.

Remarks,

B47U007357

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 8 97
4. *Place of Birth, (Street and Number)* Cookie St 509
5. *Full Name of Mother,* Mary Ey
6. *Mother's Maiden Name,* Jakson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Frank Ey
9. *Father's Occupation* Stevedore
10. *Father's Birthplace,* Southampton England

Name of Medical Attendant, or other person who makes this Return, Johanna Jackie

Address, 1369 Garrett Ave

Remarks,

8 9 7 0 0 0 7 3 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

96.]

RETURN OF A BIRTH. 87354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Mar 8. 97

4. Place of Birth, (Street and Number) No 2429 E. Monument St

5. Full Name of Mother, Ida Biedenbach

6. Mother's Maiden Name, Schramm

7. Mother's Birthplace, Germany

8. Full Name of Father, John Biedenbach

9. Father's Occupation Potter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, No 1907 E Monument St

Remarks,

8970007359

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 87355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov. 8 '97 11 35 A.M.
4. *Place of Birth, (Street and Number)* 736 Penn. Ave.
5. *Full Name of Mother,* Nannie May Tucker,
6. *Mother's Maiden Name,* " " Kolb
7. *Mother's Birthplace,* Frederick Co. Md.
8. *Full Name of Father,* Wm. Arthur Tucker.
9. *Father's Occupation* paper hanger
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return, R B Okinson M.D.

Address, 601 W Franklin St

Remarks, Presentation O.D.A. city

8970007360

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 8th 1897
4. *Place of Birth, (Street and Number)*	1407 W. Lanvale st
5. *Full Name of Mother,*	Mary Va Gillingham Reynolds
6. *Mother's Maiden Name,*	Balto.
7. *Mother's Birthplace,*	Chas Curtis Gillingham
8. *Full Name of Father,*	Clerk
9. *Father's Occupation,*	Balto.
10. *Father's Birthplace,*	R. C. Lee
Name of Medical Attendant, or other person who makes this Return,	Hanover st.
Address,	
Remarks,	8970007361

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* November 8/97
4. *Place of Birth, (Street and Number)* 1108 Ensor St
5. *Full Name of Mother,* Mrs Ann Radford
6. *Mother's Maiden Name,* Ann O'Connor
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Wm Radford
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Ann O'Connor

Address, 1112 Hanbert St

Remarks,

8 9 7 0 0 0 7 3 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.)

RETURN OF A BIRTH. 87358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) ~~W. F.~~

3. Date of Birth, 8th November

4. Place of Birth, (Street and Number) 21 South Grey St

5. Full Name of Mother, Annie Berry

6. Mother's Maiden Name, Anne Fitzpatrick

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ed. Wells Berry

9. Father's Occupation Contractor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs O'Hayer

Address, 524 Hollins St

Remarks,

8 9 7 0 0 0 7 3 6 3

tion of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 87359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* November 8th
4. *Place of Birth, (Street and Number)* 1109 Hollins St
5. *Full Name of Mother,* Kate ~~Snukes~~ Webber
6. *Mother's Maiden Name,* " Snukes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Webber
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. O'Hayer

Address, 924 Hollins St

Remarks,

8970007364

been collected; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-4-59

RETURN OF A BIRTH. #7360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harold Albert Ebelein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 8th / 97
4. *Place of Birth, (Street and Number)*	918 Ridgely st
5. *Full Name of Mother,*	Hellen Ebelein
6. *Mother's Maiden Name,*	n Bröcklein
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Albert Ebelein
9. *Father's Occupation*	Tinner
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Chas L. Buddenbohn M.D.
Address,	418 N. Paca St.
Remarks,	

'8970007365

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 87361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) four

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Monday Nov 1
4. *Place of Birth, (Street and Number)* 1515 Fairmount Ave
5. *Full Name of Mother,* Annie Robert
6. *Mother's Maiden Name,* Annie Rigema Jones
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* Daniel Robert
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Pulliam

Address, 815 N Dallis St

Remarks, Doing well as can expect

8 4 7 0 0 0 7 3 6 6

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236

RETURN OF A BIRTH. 87362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 8th 1897
4. Place of Birth, (Street and Number) 862 Lemmon St
5. Full Name of Mother, Agnes Ryan
6. Mother's Maiden Name, " Fisher
7. Mother's Birthplace, Balto Md
8. Full Name of Father, James F. Ryan
9. Father's Occupation, Horseshoer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Joseph O. Wunder

Address, 1075 W. Fayette St

Remarks, Lab. E. Ar

8970007367

Wm. J. C. Dulany Co., City Printers and Stationers.

87363

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex, (state whether male or female) Male - Alford Lynwood Handley
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 8th 1897
4. Place of Birth, (Street and Number) 548 - W. Conway St. Balt. Md.
5. Full Name of Mother, Gertrude Handey
6. Mother's Maiden Name, Getrude Purdy
7. Mother's Birthplace, Baltimore. Md.
8. Full Name of Father, A. A. Handey
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore. Md.

Name of Medical Attendant, or other person who makes this Return, Frank H. Ruhl. M.D.

Address, Lansdowne. Balt. Co. Md.

Remarks, Full name added by mother - July 27-1936 D E Wehn - Reg.

Gertrude Handley 7 [illegible] 3 6 8

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 9th 1897
4. *Place of Birth, (Street and Number)* 1707 E. Baltimore st
5. *Full Name of Mother,* Edith M. Codd
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* E. L. Codd. Jr.
9. *Father's Occupation,* Draftsman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, J Shop MD.

Address, 1435 Aliceanna

Remarks,

8970007369

Wm J C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 87365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* ~~White~~
3. *Date of Birth,* Nov 7 9
4. *Place of Birth, (Street and Number)* 111 S Shroder st Baltimore
5. *Full Name of Mother,* Margret E Wilmes
6. *Mother's Maiden Name,* Margret E Kelly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Willim G Wilmes
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Pa

Name of Medical Attendant, or other person who makes this Return, Mrs B Hayes

Address, 926 Hollins st

Remarks,

8 9 7 0 0 0 7 3 7 0

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Keep correct its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov. 9 1897
4. Place of Birth, (Street and Number) 954 Duncan Alley
5. Full Name of Mother, Mrs Jessie Mathews
6. Mother's Maiden Name, Miss Jessie Williams
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert Mathews
9. Father's Occupation Laborer
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return. Mrs Dealia Howard

Address, 1510 N Chapel St

Remarks,

8970007371

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3 *Date of Birth,*	9th Nov 1897
4. *Place of Birth, (Street and Number)*	824 Stockholm Street
5. *Full Name of Mother,*	Annie Jackson
6. *Mother's Maiden Name,*	Annie Mitchell
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Freeland
9. *Father's Occupation,*	Junk Dealer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Charity Boulden
Address,	828 Stockholm Street
Remarks,	Doing well

8 9 7 0 0 0 7 3 7 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Nov 9/17

4. *Place of Birth, (Street and Number)* No 2026 E Biddle St

5. *Full Name of Mother,* Anna Hazel Emge

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Fred Emge

9. *Father's Occupation* Brass maker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Grass.

Address, 1907 E Monument St

Remarks,

6 9 7 0 0 0 7 3 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 9th 1897
4. Place of Birth, (Street and Number) 516 S. Ann Street
5. Full Name of Mother, Dena Rabbier
6. Mother's Maiden Name, Dena Myers
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, August Rabbier
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt

Address, 1726 Eastern Ave Balto Md

Remarks,

8970007374

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[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 87870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 9th 1897
4. Place of Birth, (Street and Number) 932 Binney St.
5. Full Name of Mother, Mary Chris
6. Mother's Maiden Name, Herousek
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph Chris
9. Father's Occupation Saloner
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Sarah P. Harrington

Address, 924 Binney St.

Remarks,

8970007375

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 87371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Nov 9/97

4. *Place of Birth, (Street and Number)* No 405 N Exeter Str

5. *Full Name of Mother,* Mary Delty Sudmeyer

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Milton Delty

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Thos L. Gruss.

Address, No 1907 E Monument. Str.

Remarks,

8970007376

Wm. J. C. Dulany Co., City Printers and Stationers.

[336]

RETURN OF A BIRTH. 87372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 November
4. *Place of Birth, (Street and Number)* 521 S. Ohio St.
5. *Full Name of Mother,* Annie Grzendowska
6. *Mother's Maiden Name,* Bozenska
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Vitalis Grzendowska
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Preth

Address, 838 S. Bond St.

Remarks,

8970007377

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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36

RETURN OF A BIRTH. 87373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7 Novemper 1897
4. *Place of Birth, (Street and Number)*	10 W Riverside avenue
5. *Full Name of Mother,*	Katie Jennings
6. *Mother's Maiden Name,*	Katie Jennings
7. *Mother's Birthplace,*	ireland
8. *Full Name of Father,*	~~Dannie~~ Peter Jennings
9. *Father's Occupation*	Iron Moulder
10. *Father's Birthplace,*	ireland
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	1828 Light St
Remarks,	Doing Well

8970007378

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 87374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* 11/9/07
4. *Place of Birth, (Street and Number)* 1616 Forestman St
5. *Full Name of Mother,* Lonnie Perry
6. *Mother's Maiden Name,* " Coleman
7. *Mother's Birthplace,* Balto. Co.
8. *Full Name of Father,* Lee Perry
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, H. Piddicord

Address, 907 Arlington Ave.

Remarks,

8 9 7 0 0 0 7 3 7 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 9 " 1897
4. Place of Birth, (Street and Number) #123 Bond St
5. Full Name of Mother, Lilly M Butler
6. Mother's Maiden Name, Lilly M Thomson
7. Mother's Birthplace, Charles Co., Md
8. Full Name of Father, John Butler
9. Father's Occupation, Presser
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr Marchant

Address, 1411 Mt Royal Av. City

Remarks, Dr Gatley in consultation, Broadway City

8970007380

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RETURN OF A BIRTH. 87376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Nov 10th 1897
4. Place of Birth, (Street and Number) Mosher St.
5. Full Name of Mother, Marcella Shadynick
6. Mother's Maiden Name, Marella Mudd
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, E. E. Sheppard
9. Father's Occupation, Market Policeman
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Dr Marchant

Address, 1411 Mt Royal Ave.

Remarks,

8970007381

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 87377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore Nov 10, 1897
4. Place of Birth, (Street and Number) 137 N. Exeter St. Balto.
5. Full Name of Mother, Dora Latinski
6. Mother's Maiden Name, Dora Goldberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Davis Latinski
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, 147 N. Exeter St. Balto.

Remarks,

8 9 7 0 0 0 7 3 8 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 87378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Christopher

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 10 th 1897
4. Place of Birth, (Street and Number) 328 Pulaski st
5. Full Name of Mother, Katie Whitman
6. Mother's Maiden Name, Katie Whitman
7. Mother's Birthplace, Bayer Germany
8. Full Name of Father, John Whitman
9. Father's Occupation Hair Factory
10. Father's Birthplace, Bayer Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Hiller

Address, 2008 MC Henry st

Remarks,

8 9 7 0 0 0 7 3 8 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 10th 1897
4. *Place of Birth, (Street and Number)* 911 Hillen st.
5. *Full Name of Mother,* Mary Sares
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Joseph Sares
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970007384

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred its sex, which, the fact name and the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 87380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Males
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 10th
4. Place of Birth, (Street and Number) 1314 Seaat Street
5. Full Name of Mother, Ella Wilson
6. Mother's Maiden Name, Ella Brown
7. Mother's Birthplace, Baltimare
8. Full Name of Father, Augustus Wilson
9. Father's Occupation Labor
10. Father's Birthplace, Baltimare

Name of Medical Attendant, or other person who makes this Return, Izabella Matthews

Address, 847 Stockholm Street

Remarks,

8970007385

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 87381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, November
4. Place of Birth, (Street and Number) 1442 Bloksdt.
5. Full Name of Mother, Helen Hasnek
6. Mother's Maiden Name, Pudinsky
7. Mother's Birthplace, Pole
8. Full Name of Father, Peter Hasnek
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pelle

Address, 838 S. Bond. St.

Remarks,

8970007386

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 11th 1897
4. *Place of Birth, (Street and Number)* 2128 Calverton Road
5. *Full Name of Mother,* Annie Ehatt
6. *Mother's Maiden Name,* Annie Schnieder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George J Ehatt
9. *Father's Occupation* Brewer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Hillers

Address, 2008 MC Henry st

Remarks,

8970007387

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* November 11 02

4. *Place of Birth, (Street and Number)* 126 Arlington ave South

5. *Full Name of Mother,* Kate Delcher

6. *Mother's Maiden Name,* Kate Healy

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Frank Delcher

9. *Father's Occupation* Boiler Maker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs O'Hara

Address, 924 Hollins st

Remarks,

8 9 7 0 0 0 7 3 8 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

236.]

RETURN OF A BIRTH. 87384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Margaret M.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 11 – 1897
4. *Place of Birth, (Street and Number)* 1413 Bank St.
5. *Full Name of Mother,* Mary E. Ellis
6. *Mother's Maiden Name,* Shields
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James H. Ellis
9. *Father's Occupation* Boiler Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, Mary E. Ellis

Mother Upon application of Transcript

1970007389

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 87385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 11 — 1897
4. *Place of Birth, (Street and Number)* 1013 Giles St
5. *Full Name of Mother,* Sarah Woods
6. *Mother's Maiden Name,* Kavanaugh
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michal Woods
9. *Father's Occupation* Stencil Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970007390

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11 Nov
4. *Place of Birth, (Street and Number)*	548 Wilson St
5. *Full Name of Mother,*	Maggie Heckle
6. *Mother's Maiden Name,*	Maggie Hecker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Kling
9. *Father's Occupation*	Milk dealy
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return	Mrs Conley
Address,	1631 Walsh St
Remarks,	Non

8 7 7 0 0 0 7 3 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 11th 1897
4. Place of Birth, (Street and Number) 15 Union Ave
5. Full Name of Mother, Mary C. Hopps
6. Mother's Maiden Name, Mary C. Nigl
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Jefferson D. Hopps
9. Father's Occupation, Hay Merchant
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, A. G. Watson

Address, 1507 N. Central Ave.

Remarks, 8 9 7 U 0 0 7 3 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 11 '97
4. *Place of Birth, (Street and Number),* 2338 Stockton St
5. *Full Name of Mother,* Mary E Schlister
6. *Mother's Maiden Name,* Mary E. Getz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Schlister
9. *Father's Occupation,* Motorman C.P.R.W.Co.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, J A Melvin MD.

Address, 2316 Druid Hill ave

Remarks,

8 9 7 0 0 0 7 3 9 3

Each conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 87389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 11/97
4. Place of Birth, (Street and Number) 685 Mulberry St
5. Full Name of Mother, Rosey Worton
6. Mother's Maiden Name, Rosey Griffin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Worton
9. Father's Occupation, Bellman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, J. D. Goodett

Address, 420 N Pine St

Remarks, 8 9 7 0 0 0 7 3 9 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 87390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3d.

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* 11 Nov. 1897
4. *Place of Birth,* (*Street and Number*) 1118 Light St
5. *Full Name of Mother,* (Barbara) (Gabbra Dressler) Barbara Dressel
6. *Mother's Maiden Name,* (Gabbra) Beck
7. *Mother's Birthplace,* Germaney
8. *Full Name of Father,* George (Dressler) Dressel
9. *Father's Occupation* labor
10. *Father's Birthplace,* Germaney

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks, Full name of child - John Dressel

8 4 7 0 0 0 7 3 9 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

6.]

pation of its parents, the date and place of birth; and the
been conferred; its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 12. 1897.
4. *Place of Birth, (Street and Number)* 116 E. Clement
5. *Full Name of Mother,* Mrs. E. Wielage
6. *Mother's Maiden Name,* Immer
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* John H. Wielage
9. *Father's Occupation* Tobacco Maker
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, John H. Grosshans, M.D.

Address, 1302 Light St.

Remarks,

8 4 7 0 0 0 7 3 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) Female

3. Date of Birth, Friday November 12 1897

4. Place of Birth, (Street and Number) No 1606 Elizabeth Lane

5. Full Name of Mother, Katie Kirby

6. Mother's Maiden Name, Katie Striegel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Kirby

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Havenner

Address, No 1517 Byrd St City

Remarks,

8 4 7 0 0 0 7 3 9 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, [illegible] 93

Place of Birth, (Street and Number) [illegible]

Full Name of Mother, [illegible]

Mother's Maiden Name, [illegible]

Mother's Birthplace, [illegible]

Full Name of Father, [illegible]

Father's Occupation [illegible]

Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, [illegible]

8 9 7 0 0 0 7 3 9 8

...o., City Printers and Stationers.

RETURN OF A BIRTH. 87394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. ~~*Date*~~ Place *of Birth,*	1140 Cooksey St
4. ~~*Place*~~ Date *of Birth, (Street and Number)*	Nov 12/97
5. *Full Name of Mother,*	Mrs Ana Berner
6. *Mother's Maiden Name,*	Ana Naspen
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Gustav A Berner
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Ann J Connor
Address,	1112 Hanbert St
Remarks,	

8970007399

been conferred) its sex, color, the full name and [illegible] in the form of a certificate between the first and said schedule shall be delivered, duly signed by the [illegible] in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* November 12 1897
4. *Place of Birth, (Street and Number)* 528 walnut alley
5. *Full Name of Mother,* Amia W Walker
6. *Mother's Maiden Name,* Amia W Crawford
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Walter Walker
9. *Father's Occupation* Hod Carrier
10. *Father's Birthplace,* Pensylvania U.S.A.

Name of Medical Attendant, or other person who makes this Return, Mary ann Mason

Address, 537 walnut alley Balto m D

Remarks,

8970007400

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

GIVEN NAME ADDED 10-21-55

RETURN OF A BIRTH. 87396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Marie Helmer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12th November 1897
4. *Place of Birth, (Street and Number)* No 1401 Andrew St. L. P. Balto
5. *Full Name of Mother,* Lizzie Helmer
6. *Mother's Maiden Name,* " Loose
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Helmer
9. *Father's Occupation* Rivetter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaeffler

Address, No 1708 E. Fort Ave. L.P.

Remarks,

8 9 7 0 0 0 7 4 0 1

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13th of December 1897.
4. *Place of Birth, (Street and Number)* 422. N Washington St
5. *Full Name of Mother,* Marie Buttenbahn
6. *Mother's Maiden Name,* Marie Heins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wilhelm Buttenbohn
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hille

Address, 207 N. Castle St.

Remarks,

8 4 7 0 0 0 7 4 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...tion of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 of November 1897
4. *Place of Birth, (Street and Number)* 19. N. Washington Str
5. *Full Name of Mother,* Matilde Link
6. *Mother's Maiden Name,* Matilde Schultz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henri Link
9. *Father's Occupation* Tailer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hille

Address, 207 N. Castle Str

Remarks,

8970007403

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 13 Nov 1897
4. *Place of Birth, (Street and Number)* 1220 Hull st
5. *Full Name of Mother,* Sarah Lent
6. *Mother's Maiden Name,* Sims
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Lent
9. *Father's Occupation* labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 474 Fort ave

Remarks,

8 4 7 0 0 0 7 4 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-7-57

RETURN OF A BIRTH. 87400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Maida Lavenia Biles number 11th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13th of November 1897

4. Place of Birth, (Street and Number) Cassell Ave number 11th

5. Full Name of Mother, Augusta Biles

6. Mother's Maiden Name, Augusta Oberlander

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Shepard Biles

9. Father's Occupation Fireman

10. Father's Birthplace, Canada

Name of Medical Attendant, or other person who makes this Return, Elisabeth W Hicks

Address, Hoffmans Lane

Remarks,

8 4 7 0 0 0 7 4 0 5

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13th Nov 1897
4. Place of Birth, (Street and Number) 1617 Patterson Park Ave
5. Full Name of Mother, Marie Reiderer
6. Mother's Maiden Name, Marie Arnold
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Reiderer
9. Father's Occupation Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1610 N Wolf st

Remarks,

8970007406

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 3

1. *Sex, (~~state whether male or female~~)* female
2. *Race or Color, (~~if not of the white race~~)* colored
3. *Date of Birth,* nov 13-1897 at 5- Pm
4. *Place of Birth, (Street and Number)* 223. South Spring Street
5. *Full Name of Mother,* Lizzie. Collins
6. *Mother's Maiden Name,* [illegible] Thompson
7. *Mother's Birthplace,* Baker neck Cambridge
8. *Full Name of Father,* Asa. Rowland
9. *Father's Occupation* Driver
10. *Father's Birthplace,* U. S.

Name of Medical Attendant, or other person who makes this Return, Josephine Cooper Amos

Address, 520 Shuter Street

Remarks, Mother and Daughter both well

Balto City Md

8 9 7 0 0 0 7 4 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...the Health Department to secure a full and correct ...ital Statistics in the City of Baltimore.

SEC... further enacted and ordained that every person practicing midwifery in the City of Baltimore enter whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the ...d schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...d day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...occur without the attendance of a physician or practioner of midwifery, or should no other person be in ...dance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...ld to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...y such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A

87403

To the Office of Registrar of Vital Statistics, Board

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Fema...
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 13th
4. *Place of Birth, (Street and Number)* 108 N. S...
5. *Full Name of Mother,* Susie Eckhard
6. *Mother's Maiden Name,* Susie Wh...
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Eckhard
9. *Father's Occupation* Shoe-mak...
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address, Hellegonda Pl...

Remarks, 734 St Pete...

8970007408

GIVEN NAME ADDED. 4-1-55

RETURN OF A BIRTH. 87404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Leona Weems Ellis First child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* November 2d 1897
4. *Place of Birth, (Street and Number)* 1928½ W. Pratt St.
5. *Full Name of Mother,* U. Weems Ellis
6. *Mother's Maiden Name,* U. Weems
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Harry Ellis
9. *Father's Occupation* electrician
10. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Dr. Heidrich, M.D.

Address, 2151 Wilkens Ave.

Remarks,

8 9 7 0 0 0 7 4 0 9

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-19-60

RETURN OF A BIRTH. 87405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Bourne

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* November 10. 1897

4. *Place of Birth, (Street and Number)* 1307 W North Avenue

5. *Full Name of Mother,* Laura Bourne

6. *Mother's Maiden Name,* Dilts

7. *Mother's Birthplace,* Frederick County

8. *Full Name of Father,* Blake Bourne

9. *Father's Occupation* Clerk

10. *Father's Birthplace,* Calvert County

Name of Medical Attendant, or other person who makes this Return, W. Brewer Md.

Address, 1106 W Fallsway

Remarks, REC. HLTH. DEPT

12-1897 8970007410

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 11th 1897
4. *Place of Birth, (Street and Number)* 853 N. Howard St
5. *Full Name of Mother,* Augusta Smith
6. *Mother's Maiden Name,* Augusta Jefferson
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* James E. Smith
9. *Father's Occupation* Drug Clerk
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, Mary J. Fossett

Address, 534 W. Dolphin St

Remarks, No.

8 9 7 0 0 0 7 4 1 1

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	November 12th 97.
4. *Place of Birth, (Street and Number)*	2432 Eutaw Place.
5. *Full Name of Mother,*	K. J. Bruns.
6. *Mother's Maiden Name,*	" " Winkelman.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	John F. Bruns.
9. *Father's Occupation*	Lumber Dealer.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Thomas Obie M.D.
Address,	219 West Monument St
Remarks,	

8970007412

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2nd

1. *Sex,* (*state whether male* ~~*or female*~~)
2. *Race or* ~~*Color,*~~ (*if not of the white race*)
3. *Date of Birth,* Nov 18 1897
4. *Place of Birth,* (*Street and Number*) 1504 Kinsey st
5. *Full Name of Mother,* Lamer Faytle
6. *Mother's Maiden Name,* Lamar Sherman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joshua Fauble
9. *Father's Occupation,* Stone Mason
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. L. C. Olds Jr. D.

Address, 1729 W Lanvale St

Remarks, Dangwell Balto.

8970007413

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

230

RETURN OF A BIRTH. 87409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 November
4. *Place of Birth, (Street and Number)* 912 Hull St.
5. *Full Name of Mother,* Mary Bath Firken
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Julius A Bath
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S. Broad St.

Remarks.

8970007414

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Mar 19 / 97
4. *Place of Birth, (Street and Number)* No. 610 N. Caroline Str
5. *Full Name of Mother,* Sadie, E. Phillips
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Percy Allan
9. *Father's Occupation* None
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Green

Address, 1907 E Monument Str.

Remarks, Single

8970007415

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

336

RETURN OF A BIRTH. 87411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Nov 14/97.
4. Place of Birth, (Street and Number) 814 St Paul St.
5. Full Name of Mother, Rosa Hazelitt Dorsey
6. Mother's Maiden Name, Rosa Lee Hazelitt
7. Mother's Birthplace, Talbot Co Md.
8. Full Name of Father, Wm Henry Dorsey.
9. Father's Occupation Civil Engineer.
10. Father's Birthplace, Howard Co Md.

Name of Medical Attendant, or other person who makes this Return, Robt T Wilson M D

Address, 820 Park Ave

Remarks,

8970007416

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 14th 1897
4. *Place of Birth, (Street and Number)* 229 N. Bond st.
5. *Full Name of Mother,* Maggie Maguire
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Maguire
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Bernstein

Address, 132 S. Exeter st

Remarks,

8970007417

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 562 W. West Street 14 1997
4. *Place of Birth, (Street and Number)* 562 W. West Street
5. *Full Name of Mother,* Annie Johnson
6. *Mother's Maiden Name,* Annie Evans
7. *Mother's Birthplace,* West River
8. *Full Name of Father,* Samuel Evans
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Calvert County Md.

Name of Medical Attendant, or other person who makes this Return, Abrilla Brooks

Address, 1132 Warren Street

Remarks, Mother well as can be expected

8970007418

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fed.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 14th 1897
4. Place of Birth, (Street and Number) Harford & Lake Ave
5. Full Name of Mother, Eva L Phillips
6. Mother's Maiden Name, Eva L Thomas
7. Mother's Birthplace, Washington D C
8. Full Name of Father, H Sherman Phillips
9. Father's Occupation, Minister of the Gospel
10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return, Wm D. Corse Md

Address, Gardenville

Remarks, 8970007419 Md

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS

2336

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 December
4. *Place of Birth, (Street and Number)* 835 S. Bond St.
5. *Full Name of Mother,* Mary Sondersby Polek
6. *Mother's Maiden Name,* Pole
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Paul Sondersky
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return. Mary Bell

Address, 838 S. Bond St.

Remarks,

1897000 7420

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd –
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Nov 14 '97
4. *Place of Birth, (Street and Number)*	1825 E Federal
5. *Full Name of Mother,*	Regina Deicke –
6. *Mother's Maiden Name,*	" Schrot
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Chas. M. Deicke
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Wm J Watson
Address,	1601 N. Broadway
Remarks,	

8970007421

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday November 14 1897
4. Place of Birth, (Street and Number) No 1854 Hanover St
5. Full Name of Mother, Barbara Hipplen
6. Mother's Maiden Name, Barbara Maguriete
7. Mother's Birthplace, Germany
8. Full Name of Father, Andrew Hipplen
9. Father's Occupation Stone Mason
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1517 Byrd St City

Remarks,

8970007422

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

3.]

RETURN OF A BIRTH. 87418

GIVEN NAME ADDED 11-13-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Dora Evelyn ~~Christhelf~~ 8th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 15th Nov. 1897
4. Place of Birth, (Street and Number) Baltimore. 1803 Wilhelm St.
5. Full Name of Mother, Mary E. Christhelf.
6. Mother's Maiden Name, Mary E. Chase.
7. Mother's Birthplace, Baltimore. Md.
8. Full Name of Father, James G. Christhelf.
9. Father's Occupation Stone polisher.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bertha Weinhardt

Address, 1631 W. Pratt St. Baltimore Md.

Remarks,

8 4 7 0 0 0 7 4 2 3

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 87419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh (7)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 15 th, 1897
4. Place of Birth, (Street and Number) 1140 Hanover St.,
5. Full Name of Mother, Mary C. Eagan
6. Mother's Maiden Name, Mary C. West
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Wm H. West
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Maggie A. Wilkinsen

Address, No 14 W. Cross St.,

Remarks,

8 9 7 0 0 0 7 4 2 4

third day of each and every month to the office of the Commissioner of Health. If the child shall occur without the attendance of a physician or practicner of midwifery, or should no other attendance upon the mother, immediately thereafter it shall become the duty of the person or p child to report its birth to the Commissioner of Health, in the manner and within the period abov any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 87420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex, (State whether ~~male or~~ female) Female
2. Race or color, (~~if not~~ of the white race)
3. Date of Birth, Nov. 15/97
4. Place of Birth, (Street and Number) 1905 W. Pratt St
5. Full Name of Mother, Mrs Elizabeth Thompson
6. Mother's Maiden Name, — " Strehlein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles J. Thompson
9. Father's Occupation, Cattle-dealer
10. Father's Birthplace, Portland, Maine

Name of Medical Attendant, or other person who makes this Return. C. C. McDowell M.D.

Address, 1521 W. Fayette St

Remarks, (Probably an 8 months child)

1 8 9 7 0 0 0 7 4 2 5

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 87421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) two Bertha Ballie

1. Sex, (state whether male or female) Feamail
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, November 15
4. Place of Birth, (Street and Number) Baltimore 805 Pierce St
5. Full Name of Mother, Bertha E. Bond,
6. Mother's Maiden Name, Bertha E Hall
7. Mother's Birthplace, Baltimore,
8. Full Name of Father, James A Bond
9. Father's Occupation R Water or Public cook,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J. Foscett

Address, 534 W. Dolphin St

Remarks, No.

8970007426

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 15th 1897
4. *Place of Birth, (Street and Number)* 1261 Riverside Ave
5. *Full Name of Mother,* Agnes Epiquiew
6. *Mother's Maiden Name,* Agnes Barnes
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* William Epiquiew
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md (Hospital)

Name of Medical Attendant, or other person who makes this Return, Geo. L. Deane M.D.

Address, 1263 Riverside Ave

Remarks,

8 9 7 0 0 0 7 4 2 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 87423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, Nov. 15th 1897
4. Place of Birth, (Street and Number) 725 Appleton St
5. Full Name of Mother, Maggie Gough
6. Mother's Maiden Name, ~~Keller~~ Keller
7. Mother's Birthplace, Penn.
8. Full Name of Father, Harry F Gough
9. Father's Occupation, Clothing Cutter
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. P. F. DeFord. M. D

Address, 1010 Wilmot St

Remarks, Send me a blank birth Certificate Book

8 9 7 0 0 0 7 4 2 8

been conferred its sex, color, the full name and occupation of the parents, the birth of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 87424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 15/97
4. *Place of Birth, (Street and Number)*	2423 Barclay St
5. *Full Name of Mother,*	Mary E. Taylor
6. *Mother's Maiden Name,*	Mary E. Collison
7. *Mother's Birthplace,*	Kent County, Md
8. *Full Name of Father,*	Ralph J. Co Taylor
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return	J. Bartlett M.D.
Address,	2340 Madison Ave
Remarks,	Born 5.45 A.M.

8970007429

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87425 over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Catherine

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 November
4. Place of Birth, (Street and Number) 720 S. Bond St.
5. Full Name of Mother, Rosie ~~Simanski~~ Szymanski
6. Mother's Maiden Name, Kazmircak
7. Mother's Birthplace, Pole
8. Full Name of Father, Albert ~~Simanski~~ Szymanski
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 838 S. Bond St.

Remarks,

1 8 9 7 0 0 0 7 4 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87426

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Irish
3. Date of Birth Nov 15. 97
4. Place of Birth (Street and Number) 570 McMaster St
5. Full Name of Mother Mary Cohen Shanahan
6. Mother's Maiden Name " "
7. Mother's Birthplace Ireland
8. Full Name of Father Daniel Shanahan
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J. D. Iglehart

Address 1214 Linden Ave -

Remarks

8970007431

...at the birth of any child, within the City of Baltimore, shall, in the case of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 87427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 05. 97
4. *Place of Birth, (Street and Number)*	1512 Monument St
5. *Full Name of Mother,*	Mary E. Boyd
6. *Mother's Maiden Name,*	" " Dickson
7. *Mother's Birthplace,*	Carroll Co.
8. *Full Name of Father,*	Geo W. Boyd
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	J. J. Hooper
Address,	220 N. Gilmor St.
Remarks,	

8 9 7 0 0 0 7 4 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 & Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore Nov. 15 1897
4. Place of Birth, (Street and Number) 1022 Low St. Balto.
5. Full Name of Mother, Fannie Goldsheider
6. Mother's Maiden Name, Fannie Kriezner
7. Mother's Birthplace, Russia
8. Full Name of Father, Barnet Goldsheider
9. Father's Occupation, Teacher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, 147 N. Exeter St.

Remarks,

1897 0007433

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person in attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 15th 1897.
4. Place of Birth, (Street and Number) 201 N. Washington Street
5. Full Name of Mother, Kathrine King
6. Mother's Maiden Name, Kathrine Weingart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John King
9. Father's Occupation Copper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H. Kron Mitwife

Address, 1922 E. Fayette Street

Remarks,

8970007434

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4

1. Sex, (~~state whether male or~~ female) female
2. Race or Color, (~~if not of the white race~~) Colored
3. Date of Birth, 15 Nov at 10 oclock a.m - 1897
4. Place of Birth, (Street and Number) 807 Shuter street -
5. Full Name of Mother, Ruth Dorsey
6. Mother's Maiden Name, — — Thomas
7. Mother's Birthplace, Eastern Shore Md
8. Full Name of Father, Abraham Dorsey
9. Father's Occupation Grain Measure
10. Father's Birthplace, Baltimore County Md

Name of Medical Attendant, or other person who makes this Return, Josephine Amos, Cooper

Address, 820 Shuter street

Remarks, Mother and Daughter both are well

Balto City Md

0 9 7 U 0 0 7 4 3 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Nov 13 1897
4. *Place of Birth, (Street and Number)*	122 Little Pleasant st
5. *Full Name of Mother,*	Rachael Parker
6. *Mother's Maiden Name,*	Rachael Hill
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	Edward Parker
9. *Father's Occupation*	Waiter
10. *Father's Birthplace,*	~~Maryland~~ Washington
Name of Medical Attendant, or other person who makes this Return,	Mrs Charity Jones
Address,	405 Hargrave Alley
Remarks,	

8 9 7 0 0 0 7 4 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 15 1897
4. *Place of Birth, (Street and Number)*	515 N Lee St
5. *Full Name of Mother,*	Emma A Warren
6. *Mother's Maiden Name,*	Holtz
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Charles H Warren
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	C. St. Thomas, MD
Address,	1312 N. Charles St
Remarks,	

8 4 7 0 0 0 7 4 3 7

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh (7)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 15th, 1897
4. *Place of Birth, (Street and Number)* No. 1115 Elizabeth La.
5. *Full Name of Mother,* Sarah Baline
6. *Mother's Maiden Name,* Sarah Sitty
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* John Baline,
9. *Father's Occupation* Laborer,
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Maggie A. Wilkinson

Address, No. 94 W. Cross St.,

Remarks,

8970007438

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

5.]

RETURN OF A BIRTH. 87434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 16. 1897
4. *Place of Birth, (Street and Number)* Waverly. Friaby St
5. *Full Name of Mother,* Ida Lawrence
6. *Mother's Maiden Name,* Ida Gabbs
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Eddie Lawrence
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, #8 North St Waverly Balto City

Remarks, Well

8 9 7 0 0 0 7 4 3 9

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George John Walter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Mar 16 1897
4. *Place of Birth, (Street and Number)* No: 19 London Ave
5. *Full Name of Mother,* Rosa Walter
6. *Mother's Maiden Name,* Rosa Kornmun
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Walter
9. *Father's Occupation* Harness-maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Frederick Ave-annex

Remarks,

8970007440

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 87436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 16th 1897
4. *Place of Birth, (Street and Number)* No: 207 Millington Ave
5. *Full Name of Mother,* Nellie Moersberger
6. *Mother's Maiden Name,* Nellie Gardner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Moersberger
9. *Father's Occupation* Teamster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Frederick Ave

Remarks,

8970007441

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov. 16th 1897

4. Place of Birth, (Street and Number) 5-39 W. Hoffman St.

5. Full Name of Mother, Mary Elizabeth Barber.

6. Mother's Maiden Name, Miss Woodland

7. Mother's Birthplace, Queen Anne Co. Md.

8. Full Name of Father, George Barber

9. Father's Occupation White

10. Father's Birthplace, Rappahannock Va.

Name of Medical Attendant, or other person who makes this Return, Wm B. McDonald M.D.

Address, 1104 N. Eutaw St.

Remarks,

8970007442

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 16 1877
4. *Place of Birth, (Street and Number)* 523 Low Street
5. *Full Name of Mother,* Mary L. Wilson
6. *Mother's Maiden Name,* Mary L. Young
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward A. Young
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Abitha Brooks

Address, 1132 Warner Street

Remarks, Mother well as can be expected

1897000 7443

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87439

GIVEN NAME ADDED, 8-9-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Adelaide Esther Schueler

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 16 1897
4. Place of Birth, (Street and Number) 1033 N. Washington St
5. Full Name of Mother, Anna Clara Schueler
6. Mother's Maiden Name, Koerner
7. Mother's Birthplace, Batto Md
8. Full Name of Father, John Schueler
9. Father's Occupation, Butter Dealer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, C. St. Thomas MD

Address, 1312 N. Charles St

Remarks,

8 9 7 0 0 0 7 4 4 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 16th 1897
4. *Place of Birth, (Street and Number)*	341 S Chester
5. *Full Name of Mother,*	Ellen Thelen
6. *Mother's Maiden Name,*	" Murphy
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	Andrew Hilde
9. *Father's Occupation*	Ironmolder
10. *Father's Birthplace,*	Ohio
Name of Medical Attendant, or other person who makes this Return,	N. Ridgway André M.D.
Address,	1123 E Baltimore St
Remarks,	

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970007445

RETURN OF A BIRTH. 87441

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. (16.) 15th, 1897
4. Place of Birth, (Street and Number) 1940 Walbrook ave.
5. Full Name of Mother, Mrs. Harry C. Hardy
6. Mother's Maiden Name, Ida Meeks
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry C. Hardy
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. L. R. Palmer M.D.

Address, 1021 Madison ave.

Remarks, Full name of child: Harry Clayton Hardy

8 9 7 0 0 0 7 4 4 5

said schedule shall be delivered daily at the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 16 1897
4. Place of Birth, (Street and Number) 712 Lee & Lexington Waverly
5. Full Name of Mother, Ada V. McCauley
6. Mother's Maiden Name, Ada V. Curey
7. Mother's Birthplace, Virginia
8. Full Name of Father, William J McCauley
9. Father's Occupation, Mechanic
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, A. G. Watson

Address,

Remarks,

18970007447

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 16. 97
4. Place of Birth, (Street and Number) 1707 Federal
5. Full Name of Mother, Annie Wilkinson
6. Mother's Maiden Name, Pickel
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Jno. Herman Wilkinson
9. Father's Occupation, Cutter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Jno. H. Pickel M. D.

Address, 1312 Eastland ave.

Remarks, 8970007448

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 17. 1907
4. *Place of Birth, (Street and Number)* No 1729 N. Chester Sts
5. *Full Name of Mother,* Dora Goetze
6. *Mother's Maiden Name,* Nienstedt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Goetze
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs E Grass.

Address, 1907 E Monument St

Remarks,

8 9 7 0 0 0 7 4 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 17-97
4. Place of Birth, (Street and Number) Garrett Ave 1312
5. Full Name of Mother, Anna Naumann
6. Mother's Maiden Name, Jebuhr
7. Mother's Birthplace, Ernsthausen - Hessen
8. Full Name of Father, August Naumann
9. Father's Occupation Stevedore
10. Father's Birthplace, Ernsthausen Hessen

Name of Medical Attendant, or other person who makes this Return, Johanna Jonshe

Address, Garrett Ave 1369

Remarks,

8970007450

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 17th 1897

4. Place of Birth, (Street and Number) 1505 Lamont Ave.

5. Full Name of Mother, Florence V. Wayford

6. Mother's Maiden Name, Florence V. Hutton

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Edwin Wayford

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, N. G. Watson

Address, 1301 N. Central Ave.

Remarks, 8970007451

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 17th 1897
4. *Place of Birth, (Street and Number)* 248 Spring st.
5. *Full Name of Mother,* Mary Selinsky
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Stanislaus
9. *Father's Occupation* Shoe-maker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C Bernstein

Address, 122 S. Exeter st.

Remarks,

8970007452

and schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should the duty of the person or parents of such attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 17th 1897
4. *Place of Birth, (Street and Number)* 1004 E. Pratt st.
5. *Full Name of Mother,* Annie Blumberg
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Curtze
8. *Full Name of Father,* Jacob Blumberg
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st

Remarks,

8970007453

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 1728 Russell Street 17. 1897

4. *Place of Birth, (Street and Number)* 1128 Russell St

5. *Full Name of Mother,* Mary Brookie Dean

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Yorktown Virginia

8. *Full Name of Father,* James Dean

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Yorktown Virginia

Name of Medical Attendant, or other person who makes this Return, Orville Brooks

Address, 1132 Warner St

Remarks, Mother's as can be expected

8970007454

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov 17, 1897.
4. Place of Birth, (Street and Number) 1203 Clarkson st
5. Full Name of Mother, Johanna Wagner Schwarz
6. Mother's Maiden Name, Germaney
7. Mother's Birthplace, Wilhelm Wagner
8. Full Name of Father, Labor
9. Father's Occupation Germaney
10. Father's Birthplace, Carolina Schwarz

Name of Medical Attendant, or other person who makes this Return,

Address, 434 Fort ave

Remarks, 8470007455

Wm. J. C. Dulany Co., City Printers and Stationers.

been completed in its sex, color, the full name and occupation of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and in the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 7.

1. Sex, (~~state whether male or~~ female) female
2. Race or Color, (~~if not of the white race~~) Colored
3. Date of Birth, 18 Nov at 10 minutes past 3 a.m. 1897
4. Place of Birth, (Street and Number) 1518 McElderry street.
5. Full Name of Mother, Sarah. Hardy
6. Mother's Maiden Name, Height
7. Mother's Birthplace, Baltimore City M.d.
8. Full Name of Father, Joseph Hardy
9. Father's Occupation labor
10. Father's Birthplace, Baltimore City M.d.

Name of Medical Attendant, or other person who makes this Return, Josephine Amos - Cooper

Address, 920 Shuter street

Remarks, Mother and Daughter are well

Balto City M.d.

8 4 7 0 0 0 7 4 5 6

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 18th 1897
4. Place of Birth, (Street and Number) 1019 Granby st.
5. Full Name of Mother, Ernestine Domichkes
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Ayton Domichkes
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970007457

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, Nov 18/97

4. Place of Birth, (Street and Number) No 1607 Townsend St

5. Full Name of Mother, Rose Wolfe

6. Mother's Maiden Name, Ludwig

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Wolfe

9. Father's Occupation Cabinet maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, 1907 E. Monument St.

Remarks, —

8 4 7 0 0 0 7 4 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored ?
3. *Date of Birth,* 1431 Ward Street
4. *Place of Birth, (Street and Number)* November 18, 1896
5. *Full Name of Mother,* Martha Anderson
6. *Mother's Maiden Name,* Martha Wormly
7. *Mother's Birthplace,* Jack Town Via
8. *Full Name of Father,* John Anderson
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Parish Cook

Name of Medical Attendant, or other person who makes this Return. Grace Harris

Address, 818 Stockholm Street

Remarks,

8970007459

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 18th 1897
4. *Place of Birth, (Street and Number)* 2221 Wilkens Ave
5. *Full Name of Mother,* A. McCauley
6. *Mother's Maiden Name,* Alice A. Tipton
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James E. McCauley
9. *Father's Occupation* Conductor on B. & O. R. R.
10. *Father's Birthplace,* Baltimore Cty. Md

Name of Medical Attendant, or other person who makes this Return. G. Heldrich

Address, 2251. Wilkens Ave

Remarks,

8970007460

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Nov 18 1897.
4. *Place of Birth, (Street and Number)*	1139 E. Fayette St.
5. *Full Name of Mother,*	Mary E. Heindle.
6. *Mother's Maiden Name,*	Mary E. Powell.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Wm F. Heindle
9. *Father's Occupation,*	Surveyor.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Jno. E. Powell.
Address,	2125 St. Paul St.
Remarks,	Labor Normal - Child Healthy.

8 4 7 0 0 0 7 4 6 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be immediately thereafter the duty of the attendance upon the mother, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

6.]

RETURN OF A BIRTH. 87457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 19th
4. *Place of Birth, (Street and Number)* 843 Stockholm Street
5. *Full Name of Mother,* Ida Johns
6. *Mother's Maiden Name,* Ida Simmons
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Leonard Johns
9. *Father's Occupation* Labore
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Isabella Matthews

Address, No 847 Stockholm Street

Remarks,

8970007462

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th November 1871
4. *Place of Birth, (Street and Number)* No 120 East Ave L P R R
5. *Full Name of Mother,* Lizzie Walder
6. *Mother's Maiden Name,* " Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Walder
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaeffer

Address, No 1707 E. Fort Ave L P R R

Remarks,

8970007463

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 87459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov 19 - 1897
4. Place of Birth, (Street and Number) #916 Binney st
5. Full Name of Mother, Maggie Webb
6. Mother's Maiden Name, Heiton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Webb
9. Father's Occupation Labores
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah P Harington

Address, # 924 Binney st

Remarks,

8970007464

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifteenth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 19th.
4. *Place of Birth, (Street and Number)*	#2316 Monument St
5. *Full Name of Mother,*	Annie King
6. *Mother's Maiden Name,*	Annie Jerkins
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Charles King
9. *Father's Occupation*	Loan Maker
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Partner
Address,	#247 S. Chester
Remarks,	

8 9 7 0 0 0 7 4 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Ch.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, November 19th, 1897

4. Place of Birth, (Street and Number) 916 North Eutaw St.

5. Full Name of Mother, Sarah Holmes

6. Mother's Maiden Name, Sarah Stephens

7. Mother's Birthplace, Princess Anne Md.

8. Full Name of Father, Joseph E. Holmes.

9. Father's Occupation Cook.

10. Father's Birthplace, St. Louis, Mo.

Name of Medical Attendant, or other person who makes this Return, Wm. B. McDonald M.D.

Address, 1107 N. Eutaw St.

Remarks, 8970007466

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 87462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov. 20th 1897
4. *Place of Birth, (Street and Number)* 205 N. Front st.
5. *Full Name of Mother,* Fannie Maselewsky
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Isaac Maselewsky
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970007467

been conferred) its sex, color, the full name and occupation of its parents, and the name and [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 20th 1897
4. Place of Birth, (Street and Number) 1421 Jewett Alley
5. Full Name of Mother, Rachael Fuller
6. Mother's Maiden Name, Rachael Cooper
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, Joseph Fuller
9. Father's Occupation Palmer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Hasy

Address, 1809 Kinnon St City

Remarks,

8970007468

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sat Nov 20 1899
4. Place of Birth, (Street and Number) 13 Clay St.
5. Full Name of Mother, S. A. Deaver
6. Mother's Maiden Name, S. A. Dix
7. Mother's Birthplace, Easton Md
8. Full Name of Father, Louis E. Deaver
9. Father's Occupation Coal Dealer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Jones Myers

Address, 722 Bradley St.

Remarks,

8970007469

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Nov 20
4. Place of Birth (Street and Number),	505 N Schroeder
5. Full Name of Mother,	Laura V Callison
6. Mother's Maiden Name,	Laura V Flood
7. Mother's Birthplace,	Illinois
8. Full Name of Father,	Benjamin V Callison
9. Father's Occupation,	Clerk St Marys Coll
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	Robert K Kinney
Address,	1001 W Lanvale St
Remarks,	

8 9 7 0 0 0 7 4 7 0

Baltimore Publishing Co., City Printers and Stationers

...its premis, the date and place of birth; and the said schedule ... the form of a certificate between the first and third day of ... shall be delivered, duly signed by the practitioner in the form ... each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without ... the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the ... mother, immediately thereafter it shall become the duty of the ... the Commissioner of Health, in the manner and within the period above required, and any such person or persons ... who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars ... for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) —

Date of Birth, Nov 20/97

Place of Birth, (Street and Number) 1330 Orleans St

Full Name of Mother, Lizzie Sachs.

Mother's Maiden Name, Young

Mother's Birthplace, Baltimore

Full Name of Father, Theadore Sachs

Father's Occupation Tailor

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, 1907 E Monument St

Remarks,

8 9 7 0 0 0 7 4 7 1

.. Dulany Co,. City Printers and Stationers.

6.]

RETURN OF A BIRTH.

87467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 21st 1897.
4. Place of Birth, (Street and Number) 1625 Pierce St.
5. Full Name of Mother, Bell Hurall
6. Mother's Maiden Name, Bell Green
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Edward Hurall
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, May Horsey

Address, 1809 Lanman St

Remarks, City

8970007472

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-20-63

RETURN OF A BIRTH. 87468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Irwin Franklin ~~Horn~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 21st 1897
4. Place of Birth, (Street and Number) 715 Harford ave
5. Full Name of Mother, Margaret Elizabeth Horn
6. Mother's Maiden Name, " " Hammil
7. Mother's Birthplace, Bath
8. Full Name of Father, Benjamin Franklin Horn
9. Father's Occupation Car inspector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo D Reynolds M.D.

Address, 711 E. Calvert St

Remarks,

8970007473

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 21. 1897
4. *Place of Birth, (Street and Number)* 1440 Light St
5. *Full Name of Mother,* Martha N. Wolff
6. *Mother's Maiden Name,* Martha N. Martin
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Richard Wolff
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Ellennora A. Anderson

Address, 1434 Patapsco St

Remarks,

8970007474

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-31-56

RETURN OF A BIRTH. 87470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rena Mendelson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 21 1897
4. Place of Birth, (Street and Number) 822 E. Baltimore St.
5. Full Name of Mother, Ida Mendelson
6. Mother's Maiden Name, Ida Snyder
7. Mother's Birthplace, Sadava Russia
8. Full Name of Father, Morris Mendelsan
9. Father's Occupation Shoemaker
10. Father's Birthplace, Pask Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Yetta Klavansky

Address, 1022 E. Lombard St.

Remarks,

8970007475

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 21st 1897
4. *Place of Birth, (Street and Number)* 1215 N Gay St.
5. *Full Name of Mother,* Susie Heiland
6. *Mother's Maiden Name,* Susie Coale
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Edward Heiland
9. *Father's Occupation* Bristle-Mixer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, A. A. Macdonald M. D.

Address, #1041 N Broadway Baltimore

Remarks,

8 9 7 0 0 0 7 4 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 21st November
4. *Place of Birth, (Street and Number)* No 117 Cross St
5. *Full Name of Mother,* Amalie Fassler
6. *Mother's Maiden Name,* Horn
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John Fassler
9. *Father's Occupation* Grave worker
10. *Father's Birthplace,* Frederick Co.

Name of Medical Attendant, or other person who makes this Return, Mrs A M Bischoff

Address, No 731 N Pine St.

Remarks,

8970007477

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36

RETURN OF A BIRTH. 87473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 22 " 97.
4. *Place of Birth, (Street and Number)* "The Severn" [Monument & Cathedral Sts]
5. *Full Name of Mother,* Mrs Anna Oakes Ballentine.
6. *Mother's Maiden Name,* Miss Anna de Beelen Oakes
7. *Mother's Birthplace,* Fort Clark — Texas.
8. *Full Name of Father,* Henry Laird Ballentine.
9. *Father's Occupation* An — Ex- Graduate U.S. Naval Academy
10. *Father's Birthplace,* Memphis Tenn.

Name of Medical Attendant, or other person who makes this Return Robt G. Wilson.

Address, 820 Park ave

Remarks,

8970007478

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 22 97.
4. *Place of Birth, (Street and Number)* 632 Bloom St.
5. *Full Name of Mother,* Marion M. Sterrett
6. *Mother's Maiden Name,* Marion M. Woodward
7. *Mother's Birthplace,* Georgetown D.C.
8. *Full Name of Father,* Saml. F. Sterrett
9. *Father's Occupation,* House Carpenter
10. *Father's Birthplace,* Baltimore County Md

Name of Medical Attendant, or other person who makes this Return, W. McClean York M.D.

Address, 1231 Argyle Ave

Remarks,

8970007479

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 87475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 22nd 1897
4. Place of Birth, (Street and Number) 1110 E. ~~Eastard~~ Pratt St
5. Full Name of Mother, Fanny Cohn
6. Mother's Maiden Name, Fanny Cohn
7. Mother's Birthplace, Sadora Russia
8. Full Name of Father, Euschie Cohn
9. Father's Occupation Tailor
10. Father's Birthplace, Sadora Russ.

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address, 1022 E. Lanvale St

Remarks,

8970007480

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 87476

CHECK NAME ADDED 4-9-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helen Andrews

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 22nd 97
4. *Place of Birth, (Street and Number)*	1044 Dolphin St
5. *Full Name of Mother,*	Mary Andrews
6. *Mother's Maiden Name,*	Mary Stevens
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Albert Andrews
9. *Father's Occupation,*	Stone mason
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Albert K Hadel MD
Address,	1628 John St
Remarks,	

8 9 7 0 0 0 7 4 8 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...e Commissioner of Health. In case the birth of any child ... practitioner of midwifery, or should no other person be in ... it shall become the duty of the person or parents of such ... in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub... be recovered as other fines and forfeitures are recoverable.

...third day of each and every month to the office of the Com... shall occur without the attendance of a physician or practi... attendance upon the mother, immediately thereafter it shall ... child to report its birth to the Commissioner of Health, in the ... any such person or persons who shall hereafter fail to comp... jected to the fine of ten (10) dollars for each offense, to be rec...

GIVEN NAME ADDED 7-21-58

RETURN OF A BIRTH

87477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sallie Hill

No. of Child of Mother, (~~*state whether*~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or Color,* (~~*if not of the*~~ *white race*)
3. *Date of Birth,* Nov 23rd 1897
4. *Place of Birth,* (*Street and Number*) 1342 N Stricker St.
5. *Full Name of Mother,* Gussie K. Hill.
6. *Mother's Maiden Name,* Gussie K. Wagner.
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Milford R. Hill.
9. *Father's Occupation* Clerk.
10. *Father's Birthplace,* Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, John J. R. Krozer M.D.

Address, 662 W. Lexington St.

Remarks,

8970007482

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov 23rd 1897
4. Place of Birth, (Street and Number) No. 17 Young St
5. Full Name of Mother, Ida Mueller
6. Mother's Maiden Name, Ida Rosher
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Mueller
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No. 512 Frederick Ave

Remarks,

8970007483

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 3rd 1900.
4. Place of Birth, (Street and Number) E Fort Ave 537
5. Full Name of Mother, Emma Jane Croker
6. Mother's Maiden Name, Emma Jane Kirby
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Croker
9. Father's Occupation, Shirt Cutter
10. Father's Birthplace, Bremen Germany

Name of Medical Attendant, or other person who makes this Return, Margaret E Lambert

Address, From 1st 122

Remarks, Mother and baby do well

8970007484

Wm J C Dulany Co., City Printers and Stationers.

86.]

RETURN OF A BIRTH. 87480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5)

1. *Sex, (state whether male or female)* Female Marie Virginia Clift
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 23rd. 1897
4. *Place of Birth, (Street and Number)* No. 1027 W. Cross St.,
5. *Full Name of Mother,* Nellie Clift
6. *Mother's Maiden Name,* Nellie Chaney
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Mark A. J. Clift
9. *Father's ~~Occupation~~* Deceased
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Maggie A. Wilkinson

Address, No. 14 W. Cross St.

Remarks, Mrs Nellie Clift Ruggles

Mother 3/16/26

8970007485

Wm. J. C. Dulany Co., City Printers and Stationers.

(J. J. Adler 3/16/26)

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 24th 1897
4. *Place of Birth, (Street and Number)* 134 E. Exeter St.
5. *Full Name of Mother,* Annie Schurmis
6. *Mother's Maiden Name,* Annie Goldman
7. *Mother's Birthplace,* Dutch Russia
8. *Full Name of Father,* Jacob Schurmis
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Dutch Russia

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address, 1022 E. Lombard St

Remarks,

8970007486

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 87482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 25 '97
4. Place of Birth, (Street and Number) 200 3 Bank street
5. Full Name of Mother, Era S. (Annie) Hamburg
6. Mother's Maiden Name, (Annie Bachelor) Era S. Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Hamburg
9. Father's Occupation, Carpenter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J B Bennett, MD

Address, 23 S. Broadway

Remarks, normal case

Full name of child - Charles Wesley Hamburg

87 7 0 0 0 7 4 8 7

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 5th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Nov 26th/97.
4. Place of Birth, (Street and Number) 126 N. Fremont St.
5. Full Name of Mother, Fannie G. Lehman.
6. Mother's Maiden Name, Fannie G. Frost
7. Mother's Birthplace, Wrightsville, York Co. Pa.
8. Full Name of Father, Horace E. Lehman.
9. Father's Occupation Butcher.
10. Father's Birthplace, Wrightsville, York Co. Pa.

Name of Medical Attendant, or other person who makes this Return, John C. R. Strazer, M.D.

Address, 662 W. Lexington St.

Remarks,

8970007488

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 2th 1897

4. Place of Birth, (Street and Number) Baltimore Md # 1535 Eutaw St.

5. Full Name of Mother, Rose V Offelman

6. Mother's Maiden Name, Curtz

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Philip L Offelman.

9. Father's Occupation Spice miller

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Fleming.

Address, 414 S Stricker St Baltimore Md.

Remarks, Mother and Child are doing well.

1897000 7489

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov. 4, 1897
4. *Place of Birth, (Street and Number)* 917 East Ave.
5. *Full Name of Mother,* Carrie Wille
6. *Mother's Maiden Name,* Carrie Heim
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frederick Wille
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

1 8 9 7 0 0 0 7 4 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ?

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 days of Nov 97
4. Place of Birth, (Street and Number) 804 Eastern Ave
5. Full Name of Mother, Marianna Pensa
6. Mother's Maiden Name, M. Santella
7. Mother's Birthplace, Benevento Italy
8. Full Name of Father, Pasquale Santelle
9. Father's Occupation, Tailor
10. Father's Birthplace, Gelzi P. Campobasso Italy

Name of Medical Attendant, or other person who makes this Return, Miss Palma Zamarelli

Address, 923 Eastern Ave

Remarks, Maria Luiza Santella

8970007491

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 5th 1897 1897
4. *Place of Birth, (Street and Number)* 214 N. Fremont St
5. *Full Name of Mother,* Marie C. S. Issbruecker
6. *Mother's Maiden Name,* " " " Roemel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Georg W. Issbruecker
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Graf

Address, 827 W. Lexington St.

Remarks,

8970007492

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 5 1897

4. Place of Birth, (Street and Number) 270 E O'Donnell St.

5. Full Name of Mother, Mary Heslin

6. Mother's Maiden Name, Mary Delmar

7. Mother's Birthplace, Balto.

8. Full Name of Father, Henry Heslin

9. Father's Occupation Fish dealer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Isaac L. Swayne

Address, 727 S. Broadway

Remarks,

8970007493

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* ~~Female~~ Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 6th 1897
4. *Place of Birth, (Street and Number)* 1033 W. Saratoga St
5. *Full Name of Mother,* Caroline Engle
6. *Mother's Maiden Name,* " " Buckwald
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Engle
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs M. Graf

Address, 427 W. Lexington St

Remarks,

8970007494

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 6, 1897.
4. *Place of Birth, (Street and Number)*	1642 Thames St
5. *Full Name of Mother,*	Annie Cohen
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Hymen Cohen
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs. E. Schuerman.
Address,	42 Albemarle St.
Remarks,	

8970007495

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. ✓ 87491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 6. 1897
4. *Place of Birth, (Street and Number)*	209 Front St
5. *Full Name of Mother,*	Yetta Berman
6. *Mother's Maiden Name,*	" Sagorsky
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Moes Berman.
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	M. Mrs. E. Scherman
Address,	42 Albemarle St
Remarks,	

8 9 7 0 0 0 7 4 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

236]

RETURN OF A BIRTH.

87192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7d.

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 1047 Light Street. ×

4. *Place of Birth, (Street and Number)* × (Nov. 6. (8. 10 P. M.)

5. *Full Name of Mother,* Miss Louise Gilpin,

6. *Mother's Maiden Name,* Caldwell

7. *Mother's Birthplace,* Chicago Ill.

8. *Full Name of Father,* Edward Frankland Gilpin,

9. *Father's Occupation* Railroader.

10. *Father's Birthplace,* Ellicott City - Md.

Name of Medical Attendant, or other person who makes this Return, F. M. Kenne / for the

Address, Mothers Relief Society / 1412 Eutaw Place.

Remarks, Name of child: John Gilpin

8 9 7 U 0 0 7 4 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

336

GIVEN NAME ADDED 11-1-54

RETURN OF A BIRTH. 87493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Aloysius ~~Parker~~ Joseph Augustus Parker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First & Second

1. Sex, (state whether male or female) Males
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 6th 1897
4. Place of Birth, (Street and Number) 512 N. Paca St.
5. Full Name of Mother, Ellen Parker
6. Mother's Maiden Name, Ellen O'meara
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Jos. S. Parker
9. Father's Occupation Salesman
10. Father's Birthplace, Savannah, Georgia

Name of Medical Attendant, or other person who makes this Return, C. Hampson Jones M.D.

Address, 211 N. Franklin St.

Remarks, Male Twin

8 0 0 7 4 9 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November Sixth Day
4. *Place of Birth, (Street and Number)* Irvin St 511
5. *Full Name of Mother,* Mamie Armiger
6. *Mother's Maiden Name,* Mamie Thomas
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John F. Armiger
9. *Father's Occupation* Plummer & Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 Cron St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970007499

[illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87196

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 November 1897
4. *Place of Birth, (Street and Number)* 121 Linn St
5. *Full Name of Mother,* Mary Blaszkowska
6. *Mother's Maiden Name,* Ms. Hunewska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jno Blaszkowski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 121 Linn St

Remarks, Baltimore

8 4 7 0 0 0 7 5 0 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 November 1897
4. *Place of Birth, (Street and Number)* 1529 ~~Bornk~~ St Borroungh.
5. *Full Name of Mother,* Gostej Jaworska
6. *Mother's Maiden Name,* G. Rybacka
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Jaworski
9. *Father's Occupation* Taborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 Ann St

Remarks, Baltimore

8970007501

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Nov 6th
4. *Place of Birth, (Street and Number)* 223 Parrish St.
5. *Full Name of Mother,* Annie Byrd
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen MD.

Address, 622 W. Lombard.

Remarks,

8470007502

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* C

3. *Date of Birth,* Nov 6th 1897

4. *Place of Birth, (Street and Number)* 532 Wayne St

5. *Full Name of Mother,* Mary Wheeler

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W. Lombard

Remarks,

8 9 7 0 0 0 7 5 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* C

3. *Date of Birth,* Nov 6th

4. *Place of Birth, (Street and Number)* 713 Ancent St.

5. *Full Name of Mother,* Abster Four.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W. Lombard.

Remarks,

8970007504

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* C

3. *Date of Birth,* Nov 2nd

4. *Place of Birth, (Street and Number)* 308 Pine St.

5. *Full Name of Mother,* Mamie Conrad

6. *Mother's Maiden Name,* —

7. *Mother's Birthplace,* —

8. *Full Name of Father,* —

9. *Father's Occupation* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, L. M. Allen MD

Address, 622 W. Lombard St

Remarks, Not able to answer the questions left blank

847U007505

Wm. J. C. Dulany Co., City Printers and Stationers.

30]

RETURN OF A BIRTH.

8764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 1. (9. 50. A. M.)
4. *Place of Birth, (Street and Number)* 1115 Cookrie Street.
5. *Full Name of Mother,* Anna Maria Jäger
6. *Mother's Maiden Name,* Schiff
7. *Mother's Birthplace,* Tibis - Comitat Temesvar - Hungaria.
8. *Full Name of Father,* Jacob Jäger.
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Tibis - Comitat Temesvar - Hungaria

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaund (for the Mothers Relief Society)

Address, 1412 Fulton Place

Remarks,

8970007506

Wm. J. C. Dulany Co., City Printers and Stationers.

...practitioner is the form of a certificate between the first and ... Commissioner of Health. In case the birth of any child ... practioner of midwifery, or should no other person be in ... shall become the duty of the person or parents of such ... in the manner and within the period above required, and ... attendance upon the mother, immediately thereafter it shall be ... child to report its birth to the Commissioner of Health, in the ... comply with the provisions of this section shall be sub- ... any such person or persons who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offence, to be recovered ... e recovered as other fines and forfeitures are recoverable.

87602

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 1 1897
4. Place of Birth, (Street and Number) 626 E. Eager St.
5. Full Name of Mother, Lillian McComas
6. Mother's Maiden Name, " Watts
7. Mother's Birthplace, Md.
8. Full Name of Father, R. G. McComas
9. Father's Occupation Postal Clerk
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, J. H. Robinson MD.

Address, 726 E. Preston St

Remarks,

8970007507

[illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236.]

87808

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 November 1897
4. *Place of Birth, (Street and Number)* 1813 Lancaster St
5. *Full Name of Mother,* Mary Knach
6. *Mother's Maiden Name,* M. Korajewska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Egy Knach
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Bayer

Address, 721 Linn St

Remarks, Baltimore

+ 8 4 7 0 0 0 7 5 0 8

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36

RETURN OF A BIRTH. 87504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st of November
4. *Place of Birth, (Street and Number)* 932 S Charles Ste
5. *Full Name of Mother,* Annie Eliza Barnett
6. *Mother's Maiden Name,* Annie Eliza Moon
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Harry Elsworth Barnett
9. *Father's Occupation* Carmaker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 800 Leadenhall Street.

Remarks,

8970007509

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Owe

RETURN OF A BIRTH.

87605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Geneva May Chilcoat

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 1st 97
4. Place of Birth, (Street and Number) 1026 Huntingdon Ave.
5. Full Name of Mother, Lida (Lydy) G Chilcoat
6. Mother's Maiden Name, " (") " Morris
7. Mother's Birthplace, Balto
8. Full Name of Father, T. M. Chilcoat
9. Father's Occupation Taylor
10. Father's Birthplace, Balto Co. Md.

Name of Medical Attendant, or other person who makes this Return, Wm H Feddeman M D

Address, #102 Chestnut Ave

Remarks,

8970007510

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87806

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 2d
4. Place of Birth, (Street and Number) 1036 Maffeis St
5. Full Name of Mother, Maudie Mary Bollman.
6. Mother's Maiden Name, Maudie Mary Block.
7. Mother's Birthplace, Hessen Germany.
8. Full Name of Father, Henry Fred. Bollman
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wm Bange

Address, 711 Cross St.

Remarks,

8970007511

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

(Over.)

RETURN OF A BIRTH. 87507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: John Charles Froehlich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the eight

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 November 1897
4. Place of Birth, (Street and Number) Balto City 3131 Elliott St.
5. Full Name of Mother, Annie Froehlich
6. Mother's Maiden Name, Annie Ompteda
7. Mother's Birthplace, Balto City.
8. Full Name of Father, Charles. Froehlich
9. Father's Occupation Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Leasmann

Address, 1107 Chesapeake, St.

Remarks,

8970007512

Wm. J. C. Dulany Co., City Printers and Stationers.

6.]

RETURN OF A BIRTH.

87508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 2nd Nov.
4. *Place of Birth, (Street and Number)* 427. Lafayette ave
5. *Full Name of Mother,* Theresa Sloan
6. *Mother's Maiden Name,* Theresa Haydock
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* James Sloan
9. *Father's Occupation* Car conductor
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Bird Midwife

Address, 1417 E. Eager St.

Remarks,

8 9 7 0 0 0 7 5 1 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87609

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 1 25 61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: CHARLES HENRY NEIMEYER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 2/97
4. *Place of Birth, (Street and Number)* 242 S. Wolfe St.
5. *Full Name of Mother,* Lillie [redacted] NEIMEYER
6. *Mother's Maiden Name,* " Brantfelder
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles [redacted] NEIMEYER
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Sweden

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

8970007514

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH.

87670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan. 2nd 1897

4. *Place of Birth, (Street and Number)* #504 Alisa Place, Balto City

5. *Full Name of Mother,* Margaret Fitzpatrick

6. *Mother's Maiden Name,* Hughes

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Matthew Fitzpatrick

9. *Father's Occupation* Engineer

10. *Father's Birthplace,* England

Name of Medical Attendant or other person who makes this Return, Thos. Hunter Finn

Address, 545 Richards ave Hampden city

Remarks,

8 9 7 0 0 0 7 5 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no one of the parents of such child become the duty of the person or persons who shall be required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall be required, and in the manner and within the period above mentioned, to report its birth to the Commissioner of Health,

96.]

RETURN OF A BIRTH.

87541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 6, 1894.
4. Place of Birth, (Street and Number) 2442 Druid Hill Ave.
5. Full Name of Mother, Alice Mary Magdalen Donohue.
6. Mother's Maiden Name, Harwood.
7. Mother's Birthplace, Dublin.
8. Full Name of Father, Thomas F. Donohue.
9. Father's Occupation Stone Cutter.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Nicholl M.D.

Address, 291 Chestnut ave

Remarks, —

B470007516

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6.]

RETURN OF A BIRTH.

87672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov the 2 1897
4. *Place of Birth, (Street and Number)* Maryanna st No 200 S
5. *Full Name of Mother,* Margaret V bach
6. *Mother's Maiden Name,* Margaret F Stone
7. *Mother's Birthplace,* St Marys Co MD
8. *Full Name of Father,* Theodore F bach
9. *Father's Occupation* Boiler maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Wilkins Ave

Remarks,

8970007517

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 3 97
4. Place of Birth, (Street and Number)	1109 Greenmount Ave
5. Full Name of Mother,	Kate Riley
6. Mother's Maiden Name,	Fahey
7. Mother's Birthplace,	Md.
8. Full Name of Father,	P. Riley
9. Father's Occupation	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return,	J. H. Robertson M.D.
Address,	736 E. Pleasant St.
Remarks,	

8970007518

In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 3 97
4. Place of Birth, (Street and Number) 307 Friendship Lane
5. Full Name of Mother, Mary Rainey
6. Mother's Maiden Name, " Colbert
7. Mother's Birthplace, Ireland
8. Full Name of Father, R. Rainey
9. Father's Occupation Plumber
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, J H Robinson M.D.

Address, 136 C. Preston St

Remarks,

8970007519

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 87646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 3 1847.
4. *Place of Birth, (Street and Number)* 135 Central Avenue.
5. *Full Name of Mother,* Anna Sokoloff
6. *Mother's Maiden Name,* " Askeal
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jake Sokoloff
9. *Father's Occupation* Musician
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E. Isherman

Address, 42. Albemarle

Remarks,

8 9 7 0 0 0 7 5 2 0

been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87516

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Nov. 3rd., 1897
4. Place of Birth, (Street and Number) 1702 Milliman St.
5. Full Name of Mother, Clara McPherson
6. Mother's Maiden Name, Clara McPherson
7. Mother's Birthplace, Balto.
8. Full Name of Father, ? Unmarried
9. Father's Occupation ?
10. Father's Birthplace, ?

Name of Medical Attendant, or other person who makes this Return, W. S. Davis M.D.

Address, Johns Hopkins Hospital, Baltimore, Md.

Remarks,

8 9 7 0 0 0 7 5 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 3d 1897
4. *Place of Birth, (Street and Number)* 219 N. Mulberry
5. *Full Name of Mother,* Stella Cornelia Riggan
6. *Mother's Maiden Name,* Stella Cornelia Hallett
7. *Mother's Birthplace,* Queens Mills, Balto. Co.
8. *Full Name of Father,* Wm Augustus Riggan
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Pikesville Balto. Co.

Name of Medical Attendant, or other person who makes this Return, C. Hampson Jones M.D.

Address, 211 N. Franklin St.

Remarks,

1897000007522

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Novber 3d 1897
4. *Place of Birth, (Street and Number)*	1728 N Chester Street
5. *Full Name of Mother,*	Leidy Kibel
6. *Mother's Maiden Name,*	Kemp
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Kibel
9. *Father's Occupation*	Harnessmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Kerr, Midwife
Address,	1922 E Fayette Street
Remarks,	

1897U007523

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan the 3 " 18 " 97
4. *Place of Birth, (Street and Number)* St Sulton st No 3 : 18
5. *Full Name of Mother,* Janelda Tompson
6. *Mother's Maiden Name,* Janelda little
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John th Tompson
9. *Father's Occupation* Commision merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 19 " 22 Wilkins Av

Remarks,

8 9 7 0 0 0 7 5 2 4

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

38.]

occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 November 1897
4. *Place of Birth, (Street and Number)* 1812 Gleaven St
5. *Full Name of Mother,* Julia Fielska
6. *Mother's Maiden Name,* J. Drzewiecka
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Fielski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Boyer

Address, 721 Linn St

Remarks, Baltimore

8 9 7 U 0 0 7 5 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

87521

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 November 1897
4. *Place of Birth, (Street and Number)* 815 Ann St
5. *Full Name of Mother,* Gostej Cierpisz
6. *Mother's Maiden Name,* G. Sewandowska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mike Cierpisz
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 Ann St

Remarks, Baltimore

8970007526

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH.

87522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 9 Nov.

4. *Place of Birth, (Street and Number)* 1118 E. Lombard St

5. *Full Name of Mother,* Sarah Statter

6. *Mother's Maiden Name,* Staub

7. *Mother's Birthplace,* Austria

8. *Full Name of Father,* Mayer Statter

9. *Father's Occupation* Painter

10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return, Mrs R Illig

Address, 1302 E Lexington St

Remarks,

8 9 7 0 0 0 7 5 2 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of such person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

87623

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) 2nd

1. Sex, (state whether male or ~~female~~) male

2. ~~Race or Color.~~ (if not of the white race)

3. Date of Birth, Nov. 3rd 1897

4. Place of Birth, (Street and Number) 101 Warren Ave

5. Full Name of Mother, Martha Meeth

6. Mother's Maiden Name, " Fruncke

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Henry Meeth

9. Father's Occupation Shoe Manufacturer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 700 Leadenhall Street.

Remarks,

18970007528

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 3rd
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jas. D. Love

Address, 622 W Lombard

Remarks,

8970007529

Wm J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 87525

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Nov. 3rd
4. *Place of Birth, (Street and Number)*	614 Saratoga Court
5. *Full Name of Mother,*	Mary Harris
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	622 W. Lombard.
Remarks,	

Be it enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970007530

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Nov 3 '9)
4. *Place of Birth, (Street and Number)* ~~819~~ 853 Linden ave.
5. *Full Name of Mother,* Margaret. England.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Wm H England
9. *Father's Occupation* Shirt cutter.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, M. L. Todd.

Address, Md. Genl. Hosp.

Remarks,

8970007531

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 87627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8. d.

1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 4. (6. 50. A. M.)
4. Place of Birth, (Street and Number) 1613 N. Dallas Street.
5. Full Name of Mother, Marie Freter
6. Mother's Maiden Name, Müller.
7. Mother's Birthplace, Hannover - Germany.
8. Full Name of Father, Ernst Friedrich Wilhelm Freter,
9. Father's Occupation Tailor.
10. Father's Birthplace, Löwen near Hannover - Germany

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kaune / for the

Address, Mothers Relief Society / 1412 Linden Place.

Remarks,

8970007532

Wm. J. C. Dulany Co., City Printers and Stationers.

87628

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 4th, 1897
4. Place of Birth, (Street and Number) 1632 McElderry St.
5. Full Name of Mother, Mary Elizabeth Vorsteg
6. Mother's Maiden Name, Mary E. Hays
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, John V. Vorsteg
9. Father's Occupation Typesetter
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hospital, Balto., Md.

Remarks,

897U007533

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 4 1897
4. *Place of Birth, (Street and Number)* 115 High St.
5. *Full Name of Mother,* Esther Witkin
6. *Mother's Maiden Name,* Litzkovitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Moses Witkin
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E Schuman

Address, 42 Albemarle St

Remarks,

8 9 7 0 0 0 7 5 3 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 87530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mkt.
3. *Date of Birth,* Nov. 4/97
4. *Place of Birth, (Street and Number)* 1602 Calhoun st.
5. *Full Name of Mother,* Mrs. Geo. W. Beale
6. *Mother's Maiden Name,* Ella Cornfield
7. *Mother's Birthplace,* Pr. Geo. Co. Md.
8. *Full Name of Father,* Geo. W. Beale
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Pr. Geo. Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2531 Calhoun

Remarks,

8970007535

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 1-24-52

RETURN OF A BIRTH.

87531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Matthew Clark Fenton Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 4th 97
4. Place of Birth, (Street and Number) 333 West Dolphin
5. Full Name of Mother, Harriet Fenton
6. Mother's Maiden Name, Harriet Thomas
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Matthew C. Fenton
9. Father's Occupation, merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W. W. Russell

Address, 1415 Eutaw Place

Remarks,

DATE FILED Nov. 1897

8 9 7 0 0 0 7 5 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87382

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov. 4/97

4. *Place of Birth, (Street and Number)* 203 S. Ann St.

5. *Full Name of Mother,* Maggie Rack

6. *Mother's Maiden Name,* " Baier

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* John Rack

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diffenbacher.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970007537

shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-17-59 87633

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ruth Davis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Nov 4 '97
4. Place of Birth, (Street and Number) 914 Linden ave.
5. Full Name of Mother, Hannah Davis
6. Mother's Maiden Name, " Goldman
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jas Davis
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, Md Gen. Hosp.

Remarks,

8970007538

This day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

A-87534

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1897 5th of November
4. *Place of Birth, (Street and Number)* 1915 Lemon
5. *Full Name of Mother,* Kathe Schuldheis
6. *Mother's Maiden Name,* Kathe Schen
7. *Mother's Birthplace,* German
8. *Full Name of Father,* Wilhelm Schuldheis
9. *Father's Occupation* Backer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler midwife

Address, 2116 West Pratt Str

Remarks,

18970007539

City Printers and Stationers.

health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

87685

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 5th 1897
4. *Place of Birth, (Street and Number)* 1304 Orleans St
5. *Full Name of Mother,* Rachel Cohen
6. *Mother's Maiden Name,* Saphran
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Wolff Cohen
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, H. Flender

Address, 143 N. Front St

Remarks,

1 8 9 7 0 0 0 7 5 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

KODAK D SAFETY FILM

RETURN OF A BIRTH.

87586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 5th 1897
4. Place of Birth, (Street and Number) 1215 Scott street
5. Full Name of Mother, Maggie Estella Harvey
6. Mother's Maiden Name, Maggie Estella Theodore
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, John C. A. Harvey
9. Father's Occupation Printer
10. Father's Birthplace, Washington, D. C.

Name of Medical Attendant, or other person who makes this Return, Mrs Bunge

Address, 711 Cross St.

Remarks,

8970007541

Wm. J. C. Dulany Co., City Printers and Stationers.

Catherine Mehren

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87637

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 5/97
4. Place of Birth, (Street and Number) 1741 N. Gay St.
5. Full Name of Mother, Louisa Fischer
6. Mother's Maiden Name, " England
7. Mother's Birthplace, Germany
8. Full Name of Father, Ferdinand Fischer
9. Father's Occupation Bartender
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer.

Address, MIDWIFE, 2225 Gough St. Baltimore, Md.

Remarks,

8 9 7 0 0 0 7 5 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6.]

RETURN OF A BIRTH. 87538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 5th 1897
4. Place of Birth, (Street and Number)	1213 Holbrook St
5. Full Name of Mother,	Wilhelmina Fiedman Hamil
6. Mother's Maiden Name,	" Fiedman
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Hugh Hamil
9. Father's Occupation	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. Jefferies Buck
Address,	1051 Augusta St
Remarks,	

1 8 9 7 0 0 0 7 5 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 3 1897

4. Place of Birth, (Street and Number) 1731 Goff Lt

5. Full Name of Mother, Libby Saphro

6. Mother's Maiden Name, Sachs

7. Mother's Birthplace, Russia

8. Full Name of Father, Mike Saphro

9. Father's Occupation Parlor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finberg

Address, 23 E Lloyd St

Remarks,

8970007544

Wm. J. C. Dulany Co., City Printers and Stationers.

The first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st ~~Dead 1st~~

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 5th 1897
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Ella Jones
6. Mother's Maiden Name, " "
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D Love

Address, 622 W Lombard

Remarks,

8970007545

Wm. J. C. Dulany Co., City Printers and Stationers.

...city or each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of ... attendance upon the mother, immediately thereafter it shall become ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Nov 5th 1897
4. *Place of Birth, (Street and Number)* 851 Boyd St
5. *Full Name of Mother,* Dora Ferguson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L M. Allen M.D.

Address, 622 W. Lombard

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 4 7 U 0 0 7 5 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

57642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Nov 5th 1897
4. *Place of Birth, (Street and Number)*	922 Clifford St
5. *Full Name of Mother,*	Julia Cox
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	622 W. Lombard
Remarks,	

8970007547

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 7 1897
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Maggie Roane
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jas. D Lowe

Address, 622 W Lombard

Remarks,

8970007548

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* C

3. *Date of Birth,* Nov 7th 1897

4. *Place of Birth, (Street and Number)* 1607 Cole St

5. *Full Name of Mother,* Ida Schaefer

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W. Lombard

Remarks,

8 9 7 0 0 0 7 5 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

875461

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 5 1897
4. *Place of Birth, (Street and Number)* 1028 Maldis St
5. *Full Name of Mother,* Anna Parks
6. *Mother's Maiden Name,* — Williams
7. *Mother's Birthplace,* Eastport Md.
8. *Full Name of Father,* W. D. Parks
9. *Father's Occupation* Glass Blower
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mari Kestler

Address, 812 W. Hamburg St

Remarks,

8970007550

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

286.]

87546

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 6, 1897.
4. *Place of Birth, (Street and Number)* No. 1205- E. Fourth ave.
5. *Full Name of Mother,* Beulah Wetzel
6. *Mother's Maiden Name,* Beulah Burge
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Colie Wetzel
9. *Father's Occupation* Merchant Tailor
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Eug. A Clewell, M.D.

Address, 1741 Hanford ave.

Remarks,

84700075511

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36]

RETURN OF A BIRTH. 87647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday. November 7th. 1897
4. *Place of Birth, (Street and Number)* 114. W. Cross st
5. *Full Name of Mother,* Fillis P. Riggin
6. *Mother's Maiden Name,* Fillis P. Linde
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Robert Lewis. Riggin
9. *Father's Occupation* Iron. Worker.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 800 Leadenhall Street.

Remarks,

1897 0007552

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87548

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 7/97
4. *Place of Birth, (Street and Number)* 626 Elm Ave
5. *Full Name of Mother,* Johanna Eisenhood
6. *Mother's Maiden Name,* " Dennis
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Augustus Eisenhood
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Carroll Co. Md.

Name of Medical Attendant, ~~or other person who makes this Return,~~ Wm. H. Feddeman

Address, #102 Chestnut Ave

Remarks,

8970007553

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the [illegible] name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236

RETURN OF A BIRTH.

87649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 7. 1897 10.30 A. M.
4. *Place of Birth, (Street and Number)* 936 Hill Street.
5. *Full Name of Mother,* Mary Susann Spencer,
6. *Mother's Maiden Name,* Retalick,
7. *Mother's Birthplace,* Camborn, Cornwell Co. England.
8. *Full Name of Father,* George,
9. *Father's Occupation*
10. *Father's Birthplace,* Camborn, Cornwell Co. England

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kane for the Mothers Relief Society

Address, 1712 Hutton Place

Remarks,

84700007554

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 7 1897
4. *Place of Birth, (Street and Number)* 714 Concord St
5. *Full Name of Mother,* Lilie Garity
6. *Mother's Maiden Name,* " Love
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Garity
9. *Father's Occupation* Laborman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs E Scherman

Address, 42 Altemont St.

Remarks,

8 7 7 0 0 0 7 5 5 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87654

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th 3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 7 1897
4. *Place of Birth, (Street and Number)*	1143 E. Lombard St.
5. *Full Name of Mother,*	Rose Oestreich
6. *Mother's Maiden Name,*	" Atwell
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Oestreich
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs E. Schermann
Address,	42 Allemande St.
Remarks,	

8970007554

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87552

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* November 1897
4. *Place of Birth, (Street and Number)* 1019 Green-cord
5. *Full Name of Mother,* Wilhelmina Vetters
6. *Mother's Maiden Name,* Wilhelmina Meister
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Philipp Henry Vetters
9. *Father's Occupation* Sowerfactory
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 800 Leadenhall Street.

Remarks,

1 8 9 7 0 0 0 7 5 5 7

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 7th 1897.
4. *Place of Birth, (Street and Number)*	229 Friendship Pl. Waverly.
5. *Full Name of Mother,*	Grace Morrow
6. *Mother's Maiden Name,*	Grace Marshall.
7. *Mother's Birthplace,*	Alexandria Va.
8. *Full Name of Father,*	Wm. L. Morrow.
9. *Father's Occupation*	Electrician
10. *Father's Birthplace,*	Alexandria.
Name of Medical Attendant, or other person who makes this Return,	Chas. Emil Brack.
Address,	Greenmount Ave & 20th St
Remarks,	

1897U007558

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

87184

GIVEN NAME ADDED 8/9/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Catherine Freeburger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th child

1. Sex, (state whether male or female) a girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 7 1857
4. Place of Birth, (Street and Number) Baltimore 177 North canton st
5. Full Name of Mother, Lena a Freeburger
6. Mother's Maiden Name, Lenz a Franz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Oliver a Freeburger
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Margaret Magness

Address, No 434 Philadelphia Road

Remarks,

8970007559

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1897 (7th) November
4. Place of Birth, (Street and Number) 1203 E. Eutaw st
5. Full Name of Mother, Annie E. Summers
6. Mother's Maiden Name, Annie E. Heater
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, John H. Summers
9. Father's Occupation Pipe fitter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Barge

Address, ~~1203 E. Eutaw st~~ 711 Lorn st.

Remarks,

184700007560

Wm. J. C. Dulany Co., City Printers and Stationers.

87556

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 17 November 1897
4. Place of Birth, (Street and Number) 143 Carroll St
5. Full Name of Mother, Cindia Powell
6. Mother's Maiden Name, Fremont
7. Mother's Birthplace, White Sulfur Vd
8. Full Name of Father, John W Parsell
9. Father's Occupation, Hard Cover
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return, Darkers Jane Garry

Address, 856 Stark Holen St

Remarks,

8 9 7 0 0 0 7 5 6 1

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS.

8765?

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* November 7th 1897
4. *Place of Birth, (Street and Number)* 2018 Park Ave
5. *Full Name of Mother,* Dorothea Harrison
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Dr Granville Harrison
9. *Father's Occupation.* Associate Anatomy, Johns Hopkins Univ.
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return, b. b. Russell

Address, 1415 Eutaw Place.

Remarks,

8 4 7 0 0 0 7 5 6 2

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as to the full name and occupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87568

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 7th Nov 1897
4. Place of Birth, (Street and Number) 420 Sander St
5. Full Name of Mother, Emma Dobbs
6. Mother's Maiden Name, Booker
7. Mother's Birthplace, Queen Anne Co Md
8. Full Name of Father, William A G Dobbs
9. Father's Occupation Printer
10. Father's Birthplace, Queen Anne Co Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 650 E Fort ave

Remarks,

8970007563

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...missioner of Health. In case the birth of any child ...ioner of midwifery, or should no other person be in ...all become the duty of the person or parents of such ...he manner and within the period above required, and ...ply with the provisions of this section shall be sub- ...covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Male. Newton Mitchell Mercer
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* November 7, 1897.
4. *Place of Birth, (Street and Number)* 2613 Francis St.
5. *Full Name of Mother,* Emma Eugenia Hooper Mercer
6. *Mother's Maiden Name,* Mc Guinn.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* George W. Mercer.
9. *Father's Occupation* Printer.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 4 7 0 0 0 7 5 6 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

87680

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 8/97
4. Place of Birth, (Street and Number) 713 N. Carolina St.
5. Full Name of Mother, Louisa Johnson
6. Mother's Maiden Name, Louisa Reiter
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Johnson
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

1897 0007565

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1897 - November 8.
4. Place of Birth, (Street and Number) 531 Conway st
5. Full Name of Mother, Mary A. Jubb
6. Mother's Maiden Name, Mary A. Hancock
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles P. Jubb
9. Father's Occupation Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Barge

Address, 711 Cook Ave.

Remarks,

8 9 7 0 0 0 7 5 6 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87562

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 8th 1897
4. Place of Birth, (Street and Number) 1641 Harford Ave.
5. Full Name of Mother, Annie Sedberry
6. Mother's Maiden Name, Annie Crunkelton.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Oscar Sedberry
9. Father's Occupation Salesman
10. Father's Birthplace, Birmingham Ala.

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Graf

Address, 827 W Lexington St.

Remarks,

8 9 7 0 0 0 7 5 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87563

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 8th 1879
4. *Place of Birth, (Street and Number)*	Baltimore 1441 Covington st
5. *Full Name of Mother,*	Elnora Lowry
6. *Mother's Maiden Name,*	Elnora Bonadt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Lowry
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Susan Dolan
Address,	601 E. Clement st
Remarks,	

8 9 7 0 0 0 7 5 6 8

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

...the Commissioner of Health. In case the birth of any child ...practioner of midwifery, or should no other person be in ...it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Bl
3. *Date of Birth,*	Nov 8- 1897
4. *Place of Birth, (Street and Number)*	16-12 South St-
5. *Full Name of Mother,*	Cora Willis
6. *Mother's Maiden Name,*	Cora Scott
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	D. J. Long
Address,	115 W Lombard
Remarks,	

8970007569

Wm. J. C. Dulany Co., City Printers and Stationers.

Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th November
4. *Place of Birth, (Street and Number)* 154 West Cross St
5. *Full Name of Mother,* Mary A Stang
6. *Mother's Maiden Name,* Mary A. Keller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Stang
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Münsch

Address, 800 Leadenhall Street.

Remarks.

8970007570

Wm. J. C. Dulany Co., City Printers and Stationers.

87566

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8th of November 97.

4. Place of Birth, (Street and Number) Augusta W. Irvington no number

5. Full Name of Mother, Helena Reely

6. Mother's Maiden Name, Helena Böckes

7. Mother's Birthplace, Balto

8. Full Name of Father, Clarence Reely

9. Father's Occupation Contractor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St

Remarks,

8 9 7 0 0 0 7 5 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 87667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 8th
4. *Place of Birth, (Street and Number)* 721 Hardford ave
5. *Full Name of Mother,* Katy Garaity
6. *Mother's Maiden Name,* Katy Russel
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James F. Garaity
9. *Father's Occupation* Saloon keeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. J Bint Midwife

Address, 1417 E. Eager St.

Remarks,

8970007572

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* Nov 8th 1897

4. *Place of Birth, (Street and Number)* Baltimore Md # 803 Cross St

5. *Full Name of Mother,* Agnes Smith

6. *Mother's Maiden Name,* " Lee

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* John Smith

9. *Father's Occupation* Moulder

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Fanning

Address, # 414 S Stricker St Baltimore Md

Remarks, Mother and Child do doing well

8970007573

shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 8th 1897
4. Place of Birth, (Street and Number) Baltimore Md # 1200 West Lombard St
5. Full Name of Mother, Cunigunde Frack
6. Mother's Maiden Name, Sorrah
7. Mother's Birthplace, Germany
8. Full Name of Father, Albert A Frack
9. Father's Occupation Dyer
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Fleming

Address, # 414 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well.

8470007574

Wm. J. C. Dulany Co., City Printers and Stationers.

87570

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Nov. 29
4. Place of Birth, (Street and Number) 1111 Fulton Av.
5. Full Name of Mother, Emma Thomas.
6. Mother's Maiden Name, " Hankins.
7. Mother's Birthplace, Md
8. Full Name of Father, L. Thomas.
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, 1111 Fulton Av.

Remarks,

8 9 7 0 0 0 7 5 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Child of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 9 of November
4. *Place of Birth, (Street and Number)* 1018 S Sharp st
5. *Full Name of Mother,* Maggie eckhardt
6. *Mother's Maiden Name,* Maggie Geiers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* [redacted]e George Eckhardt
9. *Father's Occupation* Laber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Wünsch

Address, 800 Leadenhall Street.

Remarks,

8 9 7 0 0 0 7 5 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

36]

RETURN OF A BIRTH.

87572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 9 (10. 50. A. M.)
4. *Place of Birth, (Street and Number)* 214 W. Camden Street.
5. *Full Name of Mother,* Martha Litwin,
6. *Mother's Maiden Name,* Pauzas,
7. *Mother's Birthplace,* Litwinien
8. *Full Name of Father,* Petro Litwin,
9. *Father's Occupation* Tailor,
10. *Father's Birthplace,* Litwinien - Russia,

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kanne (for the

Address, Mothers Relief Society) 1412 Eutaw Place

Remarks,

8970007577

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87573

RETURN OF A BIRTH.

GIVEN NAME ADDED 10-1-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Julius C. Adler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 9 1897

4. Place of Birth, (Street and Number) 142 Exeter St.

5. Full Name of Mother, Eda Adler

6. Mother's Maiden Name, " Cohen

7. Mother's Birthplace, Russia

8. Full Name of Father, Davis Adler

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E Schulman

Address, 42 Albemarle St.

Remarks,

8700007578

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

87674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 9. 1897
4. *Place of Birth, (Street and Number)*	1619 John St
5. *Full Name of Mother,*	Anna E. Vincent
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	Wm. P. Vincent
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Edwin K. Ballard M.D.
Address,	
Remarks,	

1897000 7579

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 w.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 9th 97
4. *Place of Birth, (Street and Number)*	817 N. Caroline str
5. *Full Name of Mother,*	Josephine Garittee
6. *Mother's Maiden Name,*	Josephine Rethmiller
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Edw. Garittee
9. *Father's Occupation*	Lawyer
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Charles H. A. Meyer M. D.
Address,	1032 N. Caroline Str.
Remarks,	

8970007580

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Nov 9th 1897
4. Place of Birth, (Street and Number) 18 South Bethel St.
5. Full Name of Mother, Grace Scofield
6. Mother's Maiden Name, Grace Dennis
7. Mother's Birthplace, Va.
8. Full Name of Father, Noah Scofield
9. Father's Occupation Laborer
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hospital Baltimore, Md.

Remarks,

1897 0007581

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...r of midwifery, or should no other person be in ...become the duty of the person or parents of such ...manner and within the period above required, and ...with the provisions of this section shall be sub- ...ered as other fines and forfeitures are recoverable. ...jected to the fine of ten (10) dollars for each offence, to be recovered as

RETURN OF A BIRTH.

87877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Aug 9th 1897
4. *Place of Birth, (Street and Number)* 122 York St
5. *Full Name of Mother,* Sarah Miller
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Westmoreland County Va
8. *Full Name of Father,* David Miller
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Westmoreland County Va

Name of Medical Attendant, or other person who makes this Return Caroline Moore

Address, 49 N. Howard St Balto Md

Remarks,

8970007582

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87578

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 & 6

1. *Sex, (state whether male or female)* Twins - Male & Female,
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 9th 97
4. *Place of Birth, (Street and Number)* 2654 Clarence St.
5. *Full Name of Mother,* Cora Thompson
6. *Mother's Maiden Name,* Cora Hodges
7. *Mother's Birthplace,* Balto Co. Md.
8. *Full Name of Father,* Geo. A. Thompson
9. *Father's Occupation* Waterman
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Thomas J. Talbott M.D.

Address, 2654 Clarence St.

Remarks, 2nd child Female. Spina Bifida

8 9 7 0 0 0 7 5 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: ~~James Patmer~~ Reed

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Novemb. 9/97
4. Place of Birth, (Street and Number) 1917 McCulloh
5. Full Name of Mother, Carrie Blanchard Reed
6. Mother's Maiden Name, Carrie Blanchard Hobday
7. Mother's Birthplace, Va
8. Full Name of Father, C. Braxton Reed
9. Father's Occupation Real Estate
10. Father's Birthplace, N. Va

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison Av

Remarks,

8 4 7 0 0 0 7 5 8 4

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87180

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 9, 1897
4. Place of Birth, (Street and Number) 826 Cannon St.
5. Full Name of Mother, Rose Kehring
6. Mother's Maiden Name, Rose Kemp
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Kehring
9. Father's Occupation Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8970007585

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* ~~White~~ Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 Day of Nov 97
4. *Place of Birth, (Street and Number)* 827 Eastern Ave
5. *Full Name of Mother,* Teresa Romeo
6. *Mother's Maiden Name,* T. Di Angiolo
7. *Mother's Birthplace,* Marina Savaiata Provincia Catanzaro
8. *Full Name of Father,* ~~Domenico~~ Antonio Di Angiolo
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Carifa Provincia Avellino

Name of Medical Attendant, or other person who makes this Return, Miss Palma Tammarelli

Address, 923 Eastern Ave

Remarks, Domenico Di Angiolo

8970007586

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th of November 97.
4. *Place of Birth, (Street and Number)* 50. Garison Lane
5. *Full Name of Mother,* Kathe Horst
6. *Mother's Maiden Name,* Kathe Uhle.
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John F. Horst
9. *Father's Occupation* Butscher
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W. Pratt St.

Remarks,

8970007587

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87583

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White ~~10-18-97~~

3. Date of Birth, for the 10-18-97

4. Place of Birth, (Street and Number) St Payson St 5-12

5. Full Name of Mother, Mary B Shafer

6. Mother's Maiden Name, Mary B Bailey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Oliver M Shafer

9. Father's Occupation Breaksman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Wilkins Av

Remarks,

8970007588

Wm. J. C. Dulany Co., City Printers and Stationers.

87684

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov the 10 1897
4. *Place of Birth, (Street and Number)* Christian St No. 22 11
5. *Full Name of Mother,* Mary horn
6. *Mother's Maiden Name,* Mary hile
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fredrick horn
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Milkens Ave

Remarks,

8970007589

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87886

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 November 1897

4. Place of Birth, (Street and Number) 1707 Lancaster St.

5. Full Name of Mother, Honora Hartmanowska

6. Mother's Maiden Name, H. Sudomska

7. Mother's Birthplace, Germany

8. Full Name of Father, Ignac Hartmanowski

9. Father's Occupation Barber

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Bigin

Address, 721 Ann St

Remarks, Baltimore

8970007590

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

KODAK D S

RETURN OF A BIRTH.

87686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 10th
4. *Place of Birth, (Street and Number)* Carlton st. 104.
5. *Full Name of Mother,* Mary Eidman
6. *Mother's Maiden Name,* Graffen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Michael Eidman
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Wm Bange

Address, 711 Cross St.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970007591

Wm. J. C. Dulany Co., City Printers and Stationers.

236

87587

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 10-97
4. *Place of Birth, (Street and Number)*	St Agnes Hospital
5. *Full Name of Mother,*	Annie Domer
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Charles Kolonski
9. *Father's Occupation*	Florist
10. *Father's Birthplace,*	Balti - Md
Name of Medical Attendant, or other person who makes this Return,	Dr G. J. Landers
Address,	St Agnes Hospital
Remarks,	

8970007592

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87688.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Nov 11 — 1897
4. *Place of Birth, (Street and Number)*	515 Bruce St
5. *Full Name of Mother,*	Eva Stepney
6. *Mother's Maiden Name,*	Eva Tompkins
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Jacob Stepney
9. *Father's Occupation*	Coachman
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	D. J. Long
Address,	115 W Lombard
Remarks,	

8970007593

Wm. J. C. Dulany Co., City Printers and Stationers.

87589

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Col Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Nov 11th 1897
4. Place of Birth, (Street and Number) 1135 Race St
5. Full Name of Mother, Mary Chase
6. Mother's Maiden Name, Balto Md
7. Mother's Birthplace, Alexander Campbell
8. Full Name of Father, Laborer
9. Father's Occupation Balto Md
10. Father's Birthplace, Caroline Moore

Name of Medical Attendant, or other person who makes this Return, 49 N. West St Balto Md

Address,

Remarks,

8970007594

Wm. J. C. Dulany Co., City Printers and Stationers.

ce of the Commissioner of Health. In case the birth of any child
an or practioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or p
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.
third day of each and every month to the office of the
shall occur without the attendance of a physician or p
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health,
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, to

87690

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 11th
4. Place of Birth, (Street and Number) Baltimore, 118 Church St.
5. Full Name of Mother, Annie Faber
6. Mother's Maiden Name, Annie Reichmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Faber
9. Father's Occupation Cannmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Cross St

Remarks,

8970007595

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 11 97
4. *Place of Birth, (Street and Number)* 1848 E. Fayette Ste.
5. *Full Name of Mother,* Maggie Michels
6. *Mother's Maiden Name,* Gley
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Michels
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970007596

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 th. Nov.
4. Place of Birth, (Street and Number) 2019 Canton Ave.
5. Full Name of Mother, Agnes Gibmeyer.
6. Mother's Maiden Name, Schütte.
7. Mother's Birthplace, Papenburg. Germ.
8. Full Name of Father, John Gibmeyer.
9. Father's Occupation Carpenter.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss (Behnken)

Address, 613. S Port St.

Remarks,

8970007597

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

86.]

87593

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov the 11 1897
4. Place of Birth, (Street and Number) St Carlton Av No 22
5. Full Name of Mother, Anny Hook
6. Mother's Maiden Name, Anny Bard
7. Mother's Birthplace, Scotland
8. Full Name of Father, Richard S Hook
9. Father's Occupation Painter
10. Father's Birthplace, Andarundel CO Md
Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley
Address, No 1922 Wilkins Av
Remarks,

8970007598

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87694

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11. Novbr.
4. *Place of Birth, (Street and Number)* 500 Lee Str. W.
5. *Full Name of Mother,* Augusta Hekelman
6. *Mother's Maiden Name,* Augusta Piskator
7. *Mother's Birthplace,* Ems Nassau Germ.
8. *Full Name of Father,* Georg Heckelmann
9. *Father's Occupation* Restorant
10. *Father's Birthplace,* Nauheim

Name of Medical Attendant, or other person who makes this Return, Banger

Address, ~~Banger~~ Gros Str. No. 711.

Remarks,

1897000 7599

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87595

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th,

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 11th, 1897.
4. Place of Birth, (Street and Number) 1222 Ashland ave,
5. Full Name of Mother, Annie C. Long.
6. Mother's Maiden Name, Annie C. Voeglein.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William C. Long.
9. Father's Occupation Foreman in a Straw Hat Dept.
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brunton M.D.

Address, S.W. Cor. Calvert & Preston Sts.

Remarks,

8970007600

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87596

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 12 1897
4. *Place of Birth, (Street and Number)* 403 S. High St
5. *Full Name of Mother,* Jannie Satie
6. *Mother's Maiden Name,* J. Ridman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Sol Satie
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineber

Address, 25 Lloyd St

Remarks,

8970007601

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6.]

87597

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 12 or Nov 1897

4. Place of Birth, (Street and Number) 1054 Riverside Ave

5. Full Name of Mother, Lilian Lawton Kennard

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Lawton

9. Father's Occupation Boilermaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 650 E Fort ave

Remarks,

8970007602

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87598

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 12/97
4. Place of Birth, (Street and Number) 2904 Elliott Str.
5. Full Name of Mother, Adelheid Geiger
6. Mother's Maiden Name, " Remmel
7. Mother's Birthplace, Pittsburg Pa.
8. Full Name of Father, Wolfgang Geiger
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diserhofer.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

8970007603

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87699

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The first.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 12th. November 1897.
4. Place of Birth, (Street and Number) 1206. Hear St.
5. Full Name of Mother, Nelly Hauhet
6. Mother's Maiden Name, Nelly Larnce
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Hauhet.
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Learsmann

Address, 1107 Chesapeak St.

Remarks,

8970007604

been [illegible] the birth, sex, color, the full name and occupation of the parents, and the place of birth, [illegible] a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87600

RETURN OF A BIRTH.

GIVEN NAME ADDED 6/19/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Morris Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 12 97
4. Place of Birth, (Street and Number) 434 Aisquith St
5. Full Name of Mother, Annie Miller
6. Mother's Maiden Name, Annie Bierman
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm. Miller
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. H. Robinson M.D.

Address, 726 E. Preston St.

Remarks,

8970007605

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 12th
4. *Place of Birth, (Street and Number)* Balto Md 931 W Oxford st
5. *Full Name of Mother,* Mary E Bayline
6. *Mother's Maiden Name,* Mary E Kelly
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Josiah Bayline
9. *Father's Occupation* Glass Blower
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bayne

Address, 711 Cross pt

Remarks,

8970007606

Wm. J. C. Dulany Co., City Printers and Stationers.

[236.]

RETURN OF A BIRTH. 87602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* November 12 1894.

4. *Place of Birth, (Street and Number)* No. 1027 Guilford ave

5. *Full Name of Mother,* Mary Dempsey

6. *Mother's Maiden Name,* Mary Kline.

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Wm Dempsey

9. *Father's Occupation* Brass Finisher

10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Colwell M.D.

Address, 1741 Hartford ave.

Remarks,

8 9 7 0 0 0 7 6 0 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 12, 1892.
4. Place of Birth, (Street and Number) No. 102 Hanford road.
5. Full Name of Mother, Frederica Krause
6. Mother's Maiden Name, Louisa Lange
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Andrew Krause
9. Father's Occupation Driver
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Augs. A. Elwell, M.D.

Address, 1741 Hanford ave

Remarks,

1897U007608

Wm. J. C. Dulany Co., City Printers and Stationers.

actitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
t shall become the duty of the person or parents of such
in the manner and within the period above required, and
comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.

87604

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 12th 97
4. *Place of Birth, (Street and Number)*	29 Eutaw Ave.
5. *Full Name of Mother,*	Elizabeth C. Doer
6. *Mother's Maiden Name,*	Sweeney
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Albert C. Doer
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	J. B. Hartman M.D.
Address,	815 Jefferson Ave.
Remarks,	

1897 0007609

Wm. J. C. Dulany Co., City Printers and Stationers.

87605

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 12, 1897
4. *Place of Birth, (Street and Number)* 1525 Light St.
5. *Full Name of Mother,* Paulina Schmidt
6. *Mother's Maiden Name,* Stockhausen
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George Schmidt
9. *Father's Occupation* Harness Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnich

Address, 807 Leadenhall Street.

Remarks,

8970007610

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87606

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 12/97
4. Place of Birth, (Street and Number) 334 S. Chester St.
5. Full Name of Mother, Maggie Streb
6. Mother's Maiden Name, " High
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edward Streb
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970007611

Wm. J. C. Dulany Co,. City Printers and Stationers.

87607

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar 12th 1897
4. Place of Birth, (Street and Number) 225 N. Poppleton St
5. Full Name of Mother, Mary E Krans
6. Mother's Maiden Name, " " Hiltner
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Krans
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Graf

Address, 827 N. Lexington St

Remarks,

8 9 7 0 0 0 7 6 1 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 6-9-52 87608

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Anthony Meyer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	1897, 13 September
4. Place of Birth, (Street and Number)	618 Elisabeth Lane
5. Full Name of Mother,	Margaret Meyer (Maggie Myers)
6. Mother's Maiden Name,	Margaret (Maggie) Hans Kamp
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frederick (Fredrick) Myers Meyer
9. Father's Occupation	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	1828 Light St
Remarks,	Dang Well

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1897 0007613

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 13, 1897
4. *Place of Birth, (Street and Number)* 1469 E. Pratt St
5. *Full Name of Mother,* Jennie Levy
6. *Mother's Maiden Name,* " Blum
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Charles Levy
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E. Schuman

Address, 42 Watermarke St

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970007614

87610

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 November 1877

4. Place of Birth, (Street and Number) Baltimore 206 Patuxent St.

5. Full Name of Mother, Dora Froehlich

6. Mother's Maiden Name, Dora Langguth.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Conrad Froehlich

9. Father's Occupation Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. P. Leasmann

Address, 107 Chesapeake st.

Remarks,

8970007615

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6.]

87611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan the 13 1897
4. *Place of Birth, (Street and Number)* Wilkins Ave No 2526
5. *Full Name of Mother,* hellena gick
6. *Mother's Maiden Name,* hellena Wehon
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* John gick
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Wilkins Ave

Remarks,

8970007616

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6.]

87612

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan the 13th 1897
4. *Place of Birth, (Street and Number)*	St Louis St No 4 near 13
5. *Full Name of Mother,*	Mary McCarey
6. *Mother's Maiden Name,*	Mary A Smith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John E Carey
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr J McKay
Address,	1922 Wilkins Ave
Remarks,	

8970007617

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

87613

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Nov 13 1897
4. Place of Birth, (Street and Number) 913 Leaden Hall St
5. Full Name of Mother, Agnes Lewis
6. Mother's Maiden Name, Agnes White
7. Mother's Birthplace, Accomack Co. Va.
8. Full Name of Father, George Lewis
9. Father's Occupation Labor
10. Father's Birthplace, Accomack Co. Va.

Name of Medical Attendant, or other person who makes this Return, C. Williams

Address, 910 Leaden Hall St

Remarks,

8970007618

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 13th 1854.
4. *Place of Birth, (Street and Number)* 40 Falls Road.
5. *Full Name of Mother,* Sarah Elizabeth Johnson.
6. *Mother's Maiden Name,* Sarah Elizabeth Smith
7. *Mother's Birthplace,* Balto Co.
8. *Full Name of Father,* Wm Cornelius Johnson.
9. *Father's Occupation* Paperhanger
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, J. Kelley M.D.

Address, 1426 E Chestnut st

Remarks,

8470007619

Wm. J. C. Dulany Co., City Printers and Stationers.

been [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-19-57

87615

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaretha Lisette Bechtold

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 13/97
4. *Place of Birth, (Street and Number)* 2226 Eastern Ave.
5. *Full Name of Mother,* Annie Bechtold
6. *Mother's Maiden Name,* Wachter
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles Bechtold
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Diesenhofer

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970007620

Wm. J. C. Dulany Co., City Printers and Stationers.

87616

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 13/97
4. Place of Birth, (Street and Number) 203 S. Chester St.
5. Full Name of Mother, Mina Weide
6. Mother's Maiden Name, " Hermann
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. Weide
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bischofer

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

1897000762 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87617

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 14th Nov.
4. Place of Birth, (Street and Number) 1016 Leadenhall
5. Full Name of Mother, Mary F. Dietrich
6. Mother's Maiden Name, Mary F. Hunger.
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Joseph F. Dietrich
9. Father's Occupation Brushmaker
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return Mrs Winch

Address, 800 Leadenhall Street.

Remarks,

8970007622

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87618

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Nov 14 97
4. Place of Birth, (Street and Number) Md Gen Hosp.
5. Full Name of Mother, Woody Price
6. Mother's Maiden Name, " Boseman
7. Mother's Birthplace, Md.
8. Full Name of Father, Wm Price
9. Father's Occupation R.R. Brakeman
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md Gen Hosp

Remarks,

8970007623

Every birth must be reported every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

OVER

87619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl — Esther
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 24th 97 — Nov/24/97
4. Place of Birth, (Street and Number) 98 N. Port St.
5. Full Name of Mother, Lizzie Bien
6. Mother's Maiden Name, " Petzner
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry J. Bien
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970007624

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6.]

87620

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	14th Nov 1897
4. *Place of Birth, (Street and Number)*	42 S Exchange St
5. *Full Name of Mother,*	Christina Eveanner
6. *Mother's Maiden Name,*	Feller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Peter Eveanner
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Agnewell
Address,	62 O E Fort ave
Remarks,	

† 8970007625

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the Commissioner fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6.]

RETURN OF A BIRTH. 87621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 th Nov 1897
4. Place of Birth, (Street and Number) 1426 Covington St
5. Full Name of Mother, Annie Eline
6. Mother's Maiden Name, Williams
7. Mother's Birthplace, Balto
8. Full Name of Father, Martin Eline
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agnewell

Address, 650 E Fort ave

Remarks,

8970007626

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 1-31-57 87622

RETURN OF A BIRTH

87622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Ervin Whistler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, November 14 1897
4. Place of Birth, (Street and Number) 1033 Barre Street
5. Full Name of Mother, Mary C Whistler
6. Mother's Maiden Name, Mary C Potee
7. Mother's Birthplace, Baltimore
8. Full Name of Father, David Whistler
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Annie M Potee

Address, 1410 Retreat St

Remarks, City

8970007627

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. MULANY & CO. CITY PRINTERS AND STATIONERS

87623

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 14th, 1897
4. Place of Birth, (Street and Number) 1007 E. Monument St.
5. Full Name of Mother, Elizabeth Davids
6. Mother's Maiden Name, Elizabeth Kerner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry C. Davids
9. Father's Occupation Lamplighter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hospital, Baltimore Md.

Remarks,

8 9 7 0 0 0 7 6 2 8

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

87624

RETURN OF A BIRTH.

GIVEN NAME ADDED

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Theodore J. Helmes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 November 1897
4. Place of Birth, (Street and Number) 203 W. Hamburg Street
5. Full Name of Mother, Amelia Helmer Helmes
6. Mother's Maiden Name, Amelia Heil
7. Mother's Birthplace, Germany
8. Full Name of Father, Emil ~~Helmer~~ Helmes
9. Father's Occupation Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bang

Address, 111 Cross St.

Remarks,

8970007629

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] in case the birth of any child [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236]

RETURN OF A BIRTH.

A 87625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child 18
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	14 November
4. Place of Birth, (Street and Number)	18 W Barney St
5. Full Name of Mother,	Mary Hoffman
6. Mother's Maiden Name,	Mary Parks
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry C. Hoffman
9. Father's Occupation	Liner
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elya Brooks
Address,	1828 Light St
Remarks,	Daing Well

8 9 7 0 0 0 7 6 3 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH

A 87626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Nov 14 1897
4. *Place of Birth, (Street and Number)*	503 Bruce st
5. *Full Name of Mother,*	Letty Parker Buckley
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Prince George Co
8. *Full Name of Father,*	John Parker
9. *Father's Occupation*	Laboring
10. *Father's Birthplace,*	Prince George Co
Name of Medical Attendant, or other person who makes this Return,	Mary E Jones
Address,	1121 Saratoga St Balto Md
Remarks,	

8970007631

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Commissioner of Health, or in case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. GIVEN NAME ADDED 1-18-66

87627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jerome E. Murphy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 15th Nov. 1897

4. Place of Birth, (Street and Number) 826 E. Eager St

5. Full Name of Mother, Hannah Murphy

6. Mother's Maiden Name, Hannah Fenton

7. Mother's Birthplace, Virginia

8. Full Name of Father, Jeremiah Murphy

9. Father's Occupation Teamster

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Irish Midwife.

Address, 1417 E. Eager St

Remarks,

8470007632

Wm. J. C. Dulany Co., City Printers and Stationers.

6.]

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 a

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15 E Fort ave
4. *Place of Birth, (Street and Number)* 23 d Nov 1897
5. *Full Name of Mother,* Ida Fogle Bunton
6. *Mother's Maiden Name,* Baltic
7. *Mother's Birthplace,* Frank Fogle
8. *Full Name of Father,* Laborer
9. *Father's Occupation* Baltic
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jarrell

Address, 650 E Fort ave

Remarks,

8970007633

Wm. J. C. Dulany Co,. City Printers and Stationers.

87629

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 15 97
4. Place of Birth, (Street and Number) 2221 Portugal Court
5. Full Name of Mother, Katie Dondorf
6. Mother's Maiden Name, Heller
7. Mother's Birthplace, Germany
8. Full Name of Father, John Dondorf
9. Father's Occupation Tinner
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 7 6 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

87630

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 -

1. Sex, (state whether male or female) Female -
2. Race or Color, (if not of the white race) White -
3. Date of Birth, November 15th — 1897 -
4. Place of Birth, (Street and Number) 1618 N. Division St -
5. Full Name of Mother, Eugenia C. Clements -
6. Mother's Maiden Name, Tormey -
7. Mother's Birthplace, Balto. City - Md.
8. Full Name of Father, Francis J. Clements -
9. Father's Occupation, Drug Clerk -
10. Father's Birthplace, Washington - D. C.

Name of Medical Attendant, or other person who makes this Return, R. H. Goldsmith - D. C -

Address, Harlem Av. & Calhoun St.

Remarks,

8 9 7 0 0 0 7 6 3 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GIVEN NAME ADDED - 12/6/72

RETURN OF A BIRTH.

87631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: RAYMOND LEO JONES

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 15th 1897
4. *Place of Birth, (Street and Number)* 1136 W. Hamburg St Baltimore Md
5. *Full Name of Mother,* Annie V. Jones
6. *Mother's Maiden Name,* Annie V. Nolan
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles J. Jones
9. *Father's Occupation* Pott Maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, W. Cross st

Remarks,

8970007 63 Filed: 1897

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87632

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, for the 15th 1897
4. Place of Birth, (Street and Number) Mc Henry st 1316
5. Full Name of Mother, Mary E Longley
6. Mother's Maiden Name, Mary E Carey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William E Longley
9. Father's Occupation Labor
10. Father's Birthplace, Howard E Cox M D

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Wilkins Av

Remarks,

8 9 7 0 0 0 7 6 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

87633

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Nov 10 — 1897
4. *Place of Birth, (Street and Number)* 322 Courtland St
5. *Full Name of Mother,* Annie Howard
6. *Mother's Maiden Name,* Anna Simpson
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Clarence Howard
9. *Father's Occupation* Window Cleaner
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, D. J. Long

Address, 115 W Lombard

Remarks,

8970007638

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87634

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Children

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15 Nov
4. Place of Birth, (Street and Number) 1331 Scott St
5. Full Name of Mother, Emma Shepperd
6. Mother's Maiden Name, Emma Stewart
7. Mother's Birthplace, Annapolis MD
8. Full Name of Father, William Shepperd
9. Father's Occupation Labore
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 Cross Street

Remarks,

8970007639

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be [illegible] every month to the office of the Commissioner of Health. In case the birth of any child [illegible] third day of each and every month to the office of the Commissioner of Health, or should no other person be in [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, and [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87636

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 15th 1851
4. *Place of Birth, (Street and Number)* Maddison St nea Broadway
5. *Full Name of Mother,* Mary Mitchel
6. *Mother's Maiden Name,* Connard
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Lloyd E Mitchel
9. *Father's Occupation* Plumber
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N. Gay

Remarks,

8970007640

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

CERTIFICATE CORRECTED 10-3-5-9 87636

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wilhelmina Elizabeth Fleishman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15th ~~Nov.~~ Oct. 1897
4. Place of Birth, (Street and Number) 1404 Harquitt st
5. Full Name of Mother, Mary J. Fleishman
6. Mother's Maiden Name, Mary J. Ernstberger
7. Mother's Birthplace Baltimore md
8. Full Name of Father, ~~Adolphus Ernstberger~~ Fleishman
9. Father's Occupation Clothing cutter
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Zink Midwife

Address, 1417 E. Eager st

Remarks,

8970007641

Wm. J. C. Dulany Co., City Printers and Stationers.

87637

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 November 1897
4. Place of Birth, (Street and Number) 2620 Hudson St.
5. Full Name of Mother, Teny Oles
6. Mother's Maiden Name, T. Zaborowska
7. Mother's Birthplace, Germany
8. Full Name of Father, Pyter Oles
9. Father's Occupation Taborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 Ann St

Remarks, Baltimore

8970007642

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

87638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* November 15th

4. *Place of Birth, (Street and Number)* 1010 Saratoga st

5. *Full Name of Mother,* Mrs Isaac Allen

6. *Mother's Maiden Name,* Sarah Campbell

7. *Mother's Birthplace,* Philadelphia Pa

8. *Full Name of Father,* Isaac Allen

9. *Father's Occupation* Confectioner

10. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Dr A Ledley

Address, 1004 West Lexington St

Remarks,

8 9 7 0 0 0 7 6 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

87639

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 15, 1897
4. Place of Birth, (Street and Number) 2920 Hudson St.
5. Full Name of Mother, Margaret Foster
6. Mother's Maiden Name, Margaret Lockman
7. Mother's Birthplace, Balto.
8. Full Name of Father, James Foster
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8970007644

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

87640

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male (Edwin George Sloman)
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 6th 1925
4. *Place of Birth, (Street and Number)* 812 S. Port St
5. *Full Name of Mother,* Barbara Sloman
6. *Mother's Maiden Name,* Barbara Strickfuss
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Alfred Sloman
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Canada

Name of Medical Attendant, or other person who makes this Return, Mrs Mary C. Purgey

Address, 2220 Bank St

Remarks, Full name of child added by mother when applying City for a transcript of Birth 8-27-28 Barbara Sloman

8 9 7 0 0 0 7 6 4 5

Birth Index Clerk Aug 29-1928

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

87641

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16th Nov
4. Place of Birth, (Street and Number) 1026 Fullman St
5. Full Name of Mother, Mary Buchanan
6. Mother's Maiden Name, Mary Murray
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, William Buchanan
9. Father's Occupation Teamster
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs. J Gish Midwife

Address, 1417 E. Eager St

Remarks,

8970007646

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH.

87642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9mt

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 10nt Nov 1897
4. Place of Birth, (Street and Number) 151 E Clement St
5. Full Name of Mother, Margaretta Bald
6. Mother's Maiden Name, Cook
7. Mother's Birthplace, Balti
8. Full Name of Father, George W Bald
9. Father's Occupation Laborer
10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 650 E Fort Ave

Remarks,

8970007647

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 87643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 16th Nov 1897
4. Place of Birth, (Street and Number) 526 E Fort ave
5. Full Name of Mother, Josephine Harrison Benton
6. Mother's Maiden Name,
7. Mother's Birthplace, Frederick Md
8. Full Name of Father, Preston Harrison
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 650 E Fort ave

Remarks,

18970007648

Wm. J. C. Dulany Co., City Printers and Stationers.

876414

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 16/97
4. Place of Birth, (Street and Number) 18 S. Madeira St.
5. Full Name of Mother, Louisa Kissling
6. Mother's Maiden Name, " Streb
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Kissling
9. Father's Occupation Shoemacker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer,

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970007649

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

876 45

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Walter (Rossbach) ROSS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (one)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 16th 1897
4. Place of Birth, (Street and Number) 319 Sharp St.
5. Full Name of Mother, Augusta Rossbach
6. Mother's Maiden Name, Augusta Koldewey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Chas. Rossbach.
9. Father's Occupation Plumber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katie Munch

Address, Leadenhall & Montgomery Sr

Remarks,

8970007650

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 16th 1897
4. *Place of Birth, (Street and Number)* 244 Harling Ave. Woodberry
5. *Full Name of Mother,* Rosella L. Belchner
6. *Mother's Maiden Name,* Rosella L. McCarthy
7. *Mother's Birthplace,* Balt. Co. Md.
8. *Full Name of Father,* Andrew Belchner
9. *Father's Occupation* Moulder
10. *Father's Birthplace,* Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 421 Roland Ave.

Remarks.

8970007651

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 16th, 1897.
4. *Place of Birth, (Street and Number)* 939 Somerset St.
5. *Full Name of Mother,* Flora Dudrow
6. *Mother's Maiden Name,* Flora Marcelette
7. *Mother's Birthplace,* Louisville Ky.
8. *Full Name of Father,* Andrew G. Dudrow
9. *Father's Occupation* ~~Baltimore, Md.~~ Bricklayer
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hospital

Remarks, Baltimore, Md.

8970007652

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

876218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 16. (9. 20. P. M.)
4. *Place of Birth, (Street and Number)* 1309 Glyndon Ave.,
5. *Full Name of Mother,* Mother Susann Pfister.
6. *Mother's Maiden Name,* Worker,
7. *Mother's Birthplace,* Somerset Co. Md.
8. *Full Name of Father,* Joseph Jacob Pfister,
9. *Father's Occupation* Laborer,
10. *Father's Birthplace,* Baltr. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kanne (for the

Address, Mothers Relief Society (1412 Eutaw Place

Remarks,

8970007653

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-14-58

87649

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Viola Gertrude Haug

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th of November 97.
4. Place of Birth, (Street and Number) 303. Schmallwood Str
5. Full Name of Mother, Kathe Haug
6. Mother's Maiden Name, Kathe Suridt
7. Mother's Birthplace, Balto
8. Full Name of Father, Georg Haug
9. Father's Occupation Cooper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 216 W. Pratt St

Remarks,

8970007654

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 16 of November
4. *Place of Birth, (Street and Number)* 499 Chesapeake Str
5. *Full Name of Mother,* Amy Wolff
6. *Mother's Maiden Name,* Amy Tregise
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Konrad Wolf
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Walburg Barhart

Address, 1011 Bouldin Str Easton

Remarks.

8 9 7 0 0 0 7 6 5 5

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236]

87654

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 of Nov.
4. Place of Birth, (Street and Number) 518 Cannon St.
5. Full Name of Mother, Anni Haas.
6. Mother's Maiden Name, = Appel.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Martin Haas.
9. Father's Occupation Labeln.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss. (Behnken

Address, 613 S. port St.

Remarks,

8970007656

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

87652

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 16. (1. 50. P. M.)
4. *Place of Birth, (Street and Number)* 2.15 Parkin Street.
5. *Full Name of Mother,* Daisy Addison,
6. *Mother's Maiden Name,* Wyre,
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Charles A. Addison,
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kanne (for the

Address, Mothers Relief Society) 1412 Eutaw Place

Remarks,

8 9 7 0 0 0 7 6 5 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87653

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Nov 16 – 1897
4. Place of Birth, (Street and Number) 122 W. Hughes St.
5. Full Name of Mother, Sarah Smith
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, John Saml Scott
9. Father's Occupation Waiter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, D. J. Long

Address, 115 W. Lombard

Remarks,

8970007658

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87654

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16 Nov
4. *Place of Birth (Street and Number)* no 16 US East Madison St
5. *Full Name of Mother* Mary Stevenson Hoover
6. *Mother's Maiden Name* Guy
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward Granruth Hoover
9. *Father's Occupation* Presser ~~hagerstown~~
10. *Father's Birthplace* Thayerstown

Name of Medical Attendant, or other Person who makes this Return. Jane Guy

Address 1605 E Madison St

Remarks a fine healthy child

8970007659

...at the birth of any child, within the City of Baltimore, shall report to the registrar, in the regular mode, the birth of any child, whether the child or children born, its or their physical thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

87655

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 17/87
4. *Place of Birth, (Street and Number)* 2733 Bernard St
5. *Full Name of Mother,* Amy E. Jenkins
6. *Mother's Maiden Name,* Amy E. Simonds
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* William S Jenkins
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, A Shelley Mt

Address, 3420 Chestnut Av

Remarks,

8970007660

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

86.]

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87656

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Noble Hill

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 17, 1897.
4. Place of Birth, (Street and Number) 556 Falls Road.
5. Full Name of Mother, Emma L. Hill.
6. Mother's Maiden Name, Burkins.
7. Mother's Birthplace, Md.
8. Full Name of Father, Alfred E. Hill.
9. Father's Occupation Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8970007661

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Female~~. 3d

1. Sex, (state whether male or female) ~~W~~ Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 17, 1897.
4. Place of Birth, (Street and Number) 79 Cedar ave.
5. Full Name of Mother, Birdie May Manion.
6. Mother's Maiden Name, Kour.
7. Mother's Birthplace, Md.
8. Full Name of Father, Michael A. Manion.
9. Father's Occupation Electric motorman.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8970007662

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 17 1897
4. Place of Birth, (Street and Number) 2594 Pait Ave.
5. Full Name of Mother, Lizzie Menke
6. Mother's Maiden Name, " Schneider
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Menke
9. Father's Occupation Baker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer

Address, MIDWIFE.

Remarks, Born dead

2225 Gough St. Baltimore, Md.

B 9 7 U 0 0 7 6 6 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87659

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 17/97
4. Place of Birth, (Street and Number) 1816 N. Collington Ave.
5. Full Name of Mother, Lina Preisenger
6. Mother's Maiden Name, " Herhold
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Preisenger
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970007664

been conferred, its sex, Christ, the full name and occupation of its parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nove 17 1897
4. Place of Birth, (Street and Number) 1539 Hanover St
5. Full Name of Mother, Louisa F. J. Krueger
6. Mother's Maiden Name, Louisa F. J. Krueger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H. Krueger
9. Father's Occupation Bucher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M.D. Susan Dolan

Address, 501. E. Clement

Remarks,

8970007665

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87661

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* for the 17 " 18 " 97
4. *Place of Birth, (Street and Number)* No 1512 Mc Henry St
5. *Full Name of Mother,* Nettie A Linezelburger
6. *Mother's Maiden Name,* Nettie Kalfman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis C Linezelburg
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Milkins Ave

Remarks,

8 9 7 0 0 0 7 6 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

87662

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Child 1897
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	17 November
4. Place of Birth, (Street and Number)	1114 William St
5. Full Name of Mother,	Sarah Wise
6. Mother's Maiden Name,	Sarah Smith
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Smith
9. Father's Occupation	Minister of the Gospel
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address	1828 Light St
Remarks	Doring Will

8 9 7 0 0 0 7 6 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 1-21-57 87663

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Patrick ~~Brooks~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 17th 1897
4. Place of Birth, (Street and Number) 429 Forrest Pl 81 Baltimore Nov 17th 1897
5. Full Name of Mother, Mary E Brooks
6. Mother's Maiden Name, Mary E ~~Frank~~ Finnegan
7. Mother's Birthplace, Balto U.S.
8. Full Name of Father, Georg W Brooks
9. Father's Occupation ~~Laborer~~ Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Eva Cohen Mitwife

Address. 1216 Mo Elderry St Baltimore

Remarks. Mother & Child all ~~all~~ O.K.

8970007668

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

87664

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 18th 1897
4. *Place of Birth, (Street and Number)* 1713 Canton Ave.
5. *Full Name of Mother,* Margaret Lynch
6. *Mother's Maiden Name,* Margaret Betz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Lynch
9. *Father's Occupation* Box Maker
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return, The Mary E. Quigley

Address, 222 Bank St.

Remarks, City

8 9 7 0 0 0 7 6 6 9

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87665

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th November
4. Place of Birth, (Street and Number) 1502 E. Eutaw Ave
5. Full Name of Mother, Lizzie Hudson
6. Mother's Maiden Name, Lizzie Myers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Hudson
9. Father's Occupation Seaman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Jenny Tolson

Address, 1645 Thames St Baltimore Md

Remarks,

8970007670

Wm. J. C. Dulany Co., City Printers and Stationers.

87666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5!
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Nov 18th 1897.
4. *Place of Birth, (Street and Number)*	1625 W North Ave.
5. *Full Name of Mother,*	Lawrence A Leuthecher.
6. *Mother's Maiden Name,*	Lawrence A Colton.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	Robert E. Leuthecher.
9. *Father's Occupation*	Salesman.
10. *Father's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other person who makes this Return,	John L Pennington.
Address,	1718 Linden Ave
Remarks,	

8470007671

Wm. J. C. Dulany Co., City Printers and Stationers

87667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 18 - 1897

4. Place of Birth, (Street and Number) 915 S. Paca St.

5. Full Name of Mother, Maggie Gracey

6. Mother's Maiden Name, Maggie Dawson

7. Mother's Birthplace, Maryland

8. Full Name of Father, Michl John Gracey

9. Father's Occupation Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, D. J. Long
915 W. Lombard

Address,

Remarks,

84700007672

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87668

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Louis Joseph Fuchs 4th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 8th 1897
4. Place of Birth, (Street and Number) 225 Madeira St
5. Full Name of Mother, Amelia Fuchs
6. Mother's Maiden Name, Amelia Zibel
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph L Fuchs
9. Father's Occupation Tinsmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hospital Baltimore Md.

Remarks,

8970007673

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Novber 18th 1897
4. *Place of Birth, (Street and Number)*	508 S Ann Street
5. *Full Name of Mother,*	Katherine Schneeman
6. *Mother's Maiden Name,*	Kress
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm Kress
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs K Kress Midwife
Address,	1922 E Fayette Street
Remarks,	

8970007674

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male. Leo
2. *Race or Color, (if not of the white race)* White 4.00 6/1/20
3. *Date of Birth,* 18th day of November.
4. *Place of Birth, (Street and Number)* 1007 Carrey st.
5. *Full Name of Mother,* Sarah Kathrin Sahepsky.
6. *Mother's Maiden Name,* " " Schriver
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John Sahepsky.
9. *Father's Occupation* Brakeman
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Susan Waters

Address, 828 st Peters st.

Remarks, OK.

8970007675

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87671

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 18th 1897
4. *Place of Birth, (Street and Number)* 221 Scott
5. *Full Name of Mother,* Julia Morrisey
6. *Mother's Maiden Name,* Bruce
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Morrisey
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo R Hahn

Address, 725 Eleventh ave

Remarks,

8970007676

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

87672

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 18th 1897
4. *Place of Birth, (Street and Number)*	1717 Eutaw St
5. *Full Name of Mother,*	Maggie Shelton Ashton
6. *Mother's Maiden Name,*	Maggie Shelton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Ashton
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	Dr. Jefferson Bruce
Address,	1051 Augusta St
Remarks,	

8970007677

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

87673

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 18th Nove
4. *Place of Birth, (Street and Number)* 812 Hardford ave
5. *Full Name of Mother,* Mary Lucy
6. *Mother's Maiden Name,* Mary Toner
7. *Mother's Birthplace,* Baltimore md.
8. *Full Name of Father,* Jerrome Lucy
9. *Father's Occupation* Moulder
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Bint Midwife

Address, 1417 E. Eager St.

Remarks,

8970007678

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

87674

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Nov. 18 — 1897

4. *Place of Birth, (Street and Number)* 1002 N. Gay St.

5. *Full Name of Mother,* Ellen May Merryman

6. *Mother's Maiden Name,* Belbin

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* H. R. Merryman

9. *Father's Occupation* Clerk

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Klein

Address, 427 E. Fratt St.

Remarks,

8 4 7 0 0 0 7 6 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236]

RETURN OF A BIRTH.

87675.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th of Nov 1897
4. Place of Birth, (Street and Number) Baltimore Md # 1519 Ramsey St.
5. Full Name of Mother, Emma A Bryant
6. Mother's Maiden Name, " " Carter
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James A Bryant
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Kraning

Address, # 414 S Stricker St. Baltimore Md

Remarks, Mother and Child are doing well

8970007680

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

35.]

87676

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Twins Male & Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 18th 1897

4. Place of Birth, (Street and Number) 20 S Bance 20

5. Full Name of Mother, Ellen Dugan Gilmore

6. Mother's Maiden Name, Ireland

7. Mother's Birthplace, John J Dugan

8. Full Name of Father, Labor

9. Father's Occupation Ireland

10. Father's Birthplace, Dr Minnie Graf

Name of Medical Attendant, or other person who makes this Return,

Address, 827 [illegible] St 28

Remarks,

8970007681

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 18-97
4. Place of Birth, (Street and Number) No 2 E Preston
5. Full Name of Mother, Elden Armistead
6. Mother's Maiden Name, " Howell
7. Mother's Birthplace, Phila Pa
8. Full Name of Father, S Gordon Armistead
9. Father's Occupation Broker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J McHundley

Address, 1009 Cathedral St

Remarks,

8970007682

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87678

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hilda Elizabeth ~~Brady~~

No. of Child of Mother, (State whether 1st, 2d, 3d, &c.) Fifth.

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, Nov. 18. 1897.
4. Place of Birth, (Street and Number) ~~1319~~ 1315 Linden Ave.
5. Full Name of Mother, Elizabeth Brady.
6. Mother's Maiden Name, " Fraine.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Frank F. Brady
9. Father's Occupation, Builder.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Alfred Wanstall M.D.

Address, 921 Cathedral St

Remarks, OTHER NAME ADDED 3-31-53

8 9 7 0 0 0 7 6 8 3

been conferred, its sex, color, the full name and occupation of its parents, on [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

87679

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether ~~male~~ or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 18th 1897
4. Place of Birth, (Street and Number) 822 Harlem ave
5. Full Name of Mother, Mary Marshall Brown
6. Mother's Maiden Name, Mary Marshall Smith
7. Mother's Birthplace, Essex Co. Va
8. Full Name of Father, Wm C. Smith
9. Father's Occupation Lawyer
10. Father's Birthplace, Montgomery Co. Pa.

Name of Medical Attendant, or other person who makes this Return, Amanda T. Norris, M.D.

Address, 1123 McCulloh St

Remarks,

8970007684

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

97680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Thurs Nov 18th 1897
4. *Place of Birth, (Street and Number)* #227 W. York st Balto. Md
5. *Full Name of Mother,* Mary Ward
6. *Mother's Maiden Name,* Mary Ward
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Moses Roll
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Mary Maher

Address, # 11. W. York st

Remarks, and others c John Hill

8970007685

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236]

87681

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 November
4. *Place of Birth, (Street and Number)* 837 S. Bond St.
5. *Full Name of Mother,* Mary Jurek
6. *Mother's Maiden Name,* Novick
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* John Jurek
9. *Father's Occupation* Grocery store
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 838 S. Bond St.

Remarks,

8 9 7 0 0 0 7 6 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred in the city of Baltimore during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87682

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Nov. 19th 1897
4. *Place of Birth, (Street and Number)* 14th Balto Co.
5. *Full Name of Mother,* Clara agnes O'Hara
6. *Mother's Maiden Name,* Lingen
7. *Mother's Birthplace,* Harford Co Md.
8. *Full Name of Father,* Francis P. O'Hara
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Learmonth

Address, 902 Chesapeake St.

Remarks,

8970007687

Wm. J. C. Dulany Co,. City Printers and Stationers.

8768

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The third.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	19th November 1897
4. *Place of Birth, (Street and Number)*	1238 Hare St.
5. *Full Name of Mother,*	Josefa Kujafske.
6. *Mother's Maiden Name,*	" Letnarske.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Frank Kujafske.
9. *Father's Occupation*	Labor.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Wm. L Learing M.D.
Address,	1107 Chesapeake St.
Remarks,	

8970007688

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such persons or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 87684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	19th of November 97.
4. *Place of Birth, (Street and Number)*	1700 Lemon St
5. *Full Name of Mother,*	Friederike Hildebrandt
6. *Mother's Maiden Name,*	Friederike Kaufmann
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Frank Hildebrandt
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keiler midwife
Address,	206 N Pratt St
Remarks,	

8970007689

Wm. J. C. Dulany Co., City Printers and Stationers.

...monthly after the birth, to report the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and the number of children now living, and the number of children dead, and the number of children born alive, and the number of children born dead, and the number of children born alive and dead, and the number of children born dead and alive, and the number of children born alive and dead and alive, and the number of children born dead and alive and dead, and the number of children born alive and dead and alive and dead, and the number of children born dead and alive and dead and alive, and the number of children born alive and dead and alive and dead and alive, and the number of children born dead and alive and dead and alive and dead, and the number of children born alive and dead and alive and dead and alive and dead, and the number of children born dead and alive and dead and alive and dead and alive, and the number of children born alive and dead and alive and dead and alive and dead and alive, and the number of children born dead and alive and dead and alive and dead and alive and dead, and the number of children born alive and dead and alive and dead and alive and dead and alive and dead, and the number of children born dead and alive and dead and alive and dead and alive and dead and alive, and the number of children born alive and dead and alive and dead and alive and dead and alive and dead and alive, and the number of children born dead and alive and dead and alive and dead and alive and dead and alive and dead, and the number of children born alive and dead and alive and dead and alive and dead and alive and dead and alive and dead, and the number of children born dead and alive and dead and alive and dead and alive and dead and alive and dead and alive, and the number of children born alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive, and the number of children born dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead, and the number of children born alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead, and the number of children born dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive, and the number of children born alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive, and the number of children born dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead, and the number of children born alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead, and the number of children born dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive, and the number of children born alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive, and the number of children born dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead, and the number of children born alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead, and the number of children born dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive, and the number of children born alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive, and the number of children born dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead, and the number of children born alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive, and the number of children born dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and dead and alive and

RETURN OF A BIRTH. 07686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ame: John Christopher Lettau

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth, 19 November, 1897

Place of Birth, (Street and Number) 819 Butler Aley

Full Name of Mother, Lena Lettau

Mother's Maiden Name, Lena Schaedel

Mother's Birthplace, Baltimore

Full Name of Father, Bernhard A Lettau

Father's Occupation Shoe Maker

Father's Birthplace, Germane

Name of Medical Attendant or other person who makes this Return, Mrs Wünch

Address, 800 Leadenhall Street.

Remarks,

8970007690

Kinny Co., City Printers and Stationers.

RETURN OF A BIRTH. 87687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.) III

Sex, (state whether male or female) Boy

Race or Color, (if not of the white race) White

Date of Birth, Nov. 19/07

Place of Birth, (Street and Number) 1903 Orleans Ste.

Full Name of Mother, Louisa Wohlgemuth

6. *Mother's Maiden Name,* " Gerhold

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* John Wohlgemuth

9. *Father's Occupation* Barber

10. *Father's Birthplace,* Balto,

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs. Disenhaus

Remarks, MIDWIFE,

2225 Gough St. Baltimore, Md.

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. D... ...inters and Stationers.

87688

...CTURN OF A BIRTH.

T Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of ... (state whether 1st, 2d, 3d, &c.) III

1. S... ...ale or female) Girl

2. ...ce of the white race) White

3. ...te Nov. 19/97

4. ...ace and Number) 440 N. Patterson Park Ave.

5. ...ll Katie Barlig

6. ...thae, Thomas

7. Moth... Balto.

8. Full Thomas Barlig

9. Fath... Baker

10. Fath... Balto.

Name ...dant, or other person who makes this Return, Mrs. Deisenhofer.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

1 8 9 7 0 0 0 7 6 9 2

...C. Dulany Co., City Printers and Stationers

87689

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) w.

3. Date of Birth, Nov. 19 - 97

4. Place of Birth, (Street and Number) 1566 N Frem Av

5. Full Name of Mother, maiden name Henrietta A Scheuerman

6. Mother's ~~Maiden~~ Name, ~~Ba~~ " " Bartholomay

Mother's Birthplace, Balto

Name of Father, Peter W Bartholomay

Occupation Saloon keeper

Birthplace, Balto

Medical Attendant, or other person who makes this Return, C H, Bubert

8970007693

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery [illegible] Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a [illegible] register of such birth, and shall enter the same on blank schedule, to be furnished by the [illegible] Health. This schedule shall contain a list of the births which have occurred under his or her [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate be[illegible] third day of each and every month to the office of the Commissioner of Health. In case the [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures [illegible]

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, [illegible]

Freedom — Leon Freedom

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Nov. 20 1897

3. Date of Birth, 911 E Fayette

4. Place of Birth, (Street and Number) Jennie Freedom

5. Full Name of Mother, " Sherman

6. Mother's Maiden Name, Russia

7. Mother's Birthplace,

8. Full Name of Father, Adolph Freedom

9. Father's Occupation Druggist

10. Father's Birthplace, Russi[illegible]

Name of Medical Attendant, or other person who makes this Return, Mrs E Sh[illegible]

Address, 42 Al[illegible]

Remarks, 8970007694

Wm. J. C. Du[illegible] City P[illegible] Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 November 1897
4. Place of Birth, (Street and Number) 1428 Black St.
5. Full Name of Mother, Mary Bielat
6. Mother's Maiden Name, M. Kroneska
7. Mother's Birthplace, Austrylie
8. Full Name of Father, Martin Bielat
9. Father's Occupation Fabore
10. Father's Birthplace, Austrylie

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 121 Ann St

Remarks, Baltimore

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Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Jewel Rebecca Hilton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child 1897
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20 November
4. *Place of Birth, (Street and Number)*	107 Barney St
5. *Full Name of Mother,*	Annie Hilton
6. *Mother's Maiden Name,*	Annie Cline
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Williams Hiltons
9. *Father's Occupation*	Fireman Bo
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elza Brooks
Address,	1828 Light St
Remarks,	Doing Well

8 4 7 0 0 0 7 6 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 20 of Nov.
4. Place of Birth, (Street and Number) 2218 Canton.
5. Full Name of Mother, Kunigunde Lang.
6. Mother's Maiden Name, = Arch.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Lang.
9. Father's Occupation Cabeln.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss (Rahmkin

Address, 613 S. Port St.

Remarks,

8 9 7 0 0 0 7 6 9 7

SECTION 7.—And be it further enacted and ordained that every person [illegible] shall keep a true and correct Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87699

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan the 20-18-97
4. Place of Birth, (Street and Number) St Monroe st No 3 & 28
5. Full Name of Mother, Emmey E yager
6. Mother's Maiden Name, Emmey E Peters
7. Mother's Birthplace, Frederick C O Md
8. Full Name of Father, William P yager
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C S Kelley

Address, No 19 & 22 Wilkins Ave

Remarks,

8970007698

SECTION 7.—And be it further enacted, [illegible] shall hereafter take place, shall keep a true and correct Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-15-56 87700

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Kiel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov the 20 1897
4. *Place of Birth, (Street and Number)*	4 Ramsey st No 1341
5. *Full Name of Mother,*	Sofia Mc A Kiel
6. *Mother's Maiden Name,*	Sofia Mc A Rinehart
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Kiel
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelly
Address,	No 1922 Milton Ave
Remarks,	

8 4 7 0 0 0 7 6 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-2-65

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Engelhardt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nober 20th 1897
4. *Place of Birth, (Street and Number)*	2106 Eastern Ave
5. *Full Name of Mother,*	Lina Engelhardt
6. *Mother's Maiden Name,*	Woelpf
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Engelhardt
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs H Koch Midwife
Address,	1922 E Fayette Street
Remarks,	

8970007700

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care dur... be ascertained the full name of each child, (if any sh... month, and shall set forth as far as the same can be ascer... occupation of its parents, the date and place of birth ... been conferred) its sex, color, the full name and occupati... e practitioner in the form of a certificate between the fir... said schedule shall be delivered, duly signed by the practi... third day of each and every month to the office of the C... of the Commissioner of Health. In case the birth of any ... shall occur without the attendance of a physician or pra... or practitioner of midwifery, or should no other person be ... attendance upon the mother, immediately thereafter it s... her it shall become the duty of the person or parents of ... child to report its birth to the Commissioner of Health, in the manner and within the period above required. ... any such person or persons who shall hereafter fail to com... l to comply with the provisions of this section shall be ... jected to the fine of ten (10) dollars for each offence, to be recovered, to be recovered as other fines and forfeitures are recov...

RETURN OF A BIRTH. 87933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	White Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 20th 1897
4. *Place of Birth, (Street and Number)*	224 N Wash. Street
5. *Full Name of Mother,*	Carry Ruby
6. *Mother's Maiden Name,*	Meyer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Ernest Ruby
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	Mrs H Brown Midwife
Address,	1922 E Fayette Street
Remarks,	

8970007701

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or person or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 10, 1897
4. *Place of Birth, (Street and Number)*	374 Forrest St.
5. *Full Name of Mother,*	Esther Levy
6. *Mother's Maiden Name,*	a Vinkberg
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Max Levy
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs E. Schermann
Address,	42 Albemarle St
Remarks,	

8970007702

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 87705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Nov 20th 1877
4. *Place of Birth, (Street and Number)*	#11 York st
5. *Full Name of Mother,*	Ida Campbell
6. *Mother's Maiden Name,*	Ida Campbell
7. *Mother's Birthplace,*	Hanover Va
8. *Full Name of Father,*	Robt Smith
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	Mary Maker
Address,	#11 W. York st
Remarks,	And father John Jolly

8 4 7 U 0 0 7 7 0 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 20
4. *Place of Birth, (Street and Number)*	112 Bowen St
5. *Full Name of Mother,*	Amanda Buhl
6. *Mother's Maiden Name,*	" Wilbert
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Buhl
9. *Father's Occupation*	Polisher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Mary Morgan
Address,	412 Scott St
Remarks,	

8 9 7 0 0 0 7 7 0 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 28. 1897
4. Place of Birth, (Street and Number) 522 Chesapeake St.
5. Full Name of Mother, Margaret Simmerson
6. Mother's Maiden Name, Margaret Wyndell
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Simmerson
9. Father's Occupation Engineer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Eaton St.

Remarks,

8970007705

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
he ascertained the full name of each child, (if any shall have
cupation of its parents, the date and place of birth, and the
practitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
r, it shall become the duty of the person or parents of such
th. In the manner and within the period above required, and
it to comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

87708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 21 97
4. Place of Birth, (Street and Number) 226 Carlton Street
5. Full Name of Mother, Sadie Cure
6. Mother's Maiden Name, Sadie Thomas
7. Mother's Birthplace, Maryland
8. Full Name of Father, Henry Cure
9. Father's Occupation, Soldier
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Jos D. Farrar

Address, 1118 Madison Avenue

Remarks,

8970007706

WM J C DULANY CO CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED, 7/15/64

RETURN OF A BIRTH. 87709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Louis Schapiro

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 21st 1897
4. Place of Birth, (Street and Number) 1013 E. Lombard St.,
5. Full Name of Mother, Minnie Schapiro
6. Mother's Maiden Name, " Anchisky
7. Mother's Birthplace, Russia
8. Full Name of Father, Abrahamm Schapiro
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Y. Feldman

Address, 1013 E. Lombard.

Remarks,

8 9 7 0 0 0 7 7 0 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

1230

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wht.
3. *Date of Birth,* Nov. 21/97
4. *Place of Birth, (Street and Number)* 1505 Clifton St.
5. *Full Name of Mother,* Mrs Chas. Townsend
6. *Mother's Maiden Name,* Lulu Sheckells
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas. Townsend
9. *Father's Occupation* Time Keeper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2531 Penna. Ave.

Remarks,

8 9 7 0 0 0 7 7 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

1896.]

RETURN OF A BIRTH.

87711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 21st 1897
4. *Place of Birth, (Street and Number)* 1544 Wolfe st
5. *Full Name of Mother,* Mary Buecker
6. *Mother's Maiden Name,* Mary Dertz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Buecker
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Burns

Address, 1610 N Wolfe

Remarks,

8970007709

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name and occupation of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of, certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the Commissioner of midwifery, or practitioner in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87712

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) ~~Female~~ Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov. 21, 1897
4. Place of Birth, (Street and Number) 2103 Division St
5. Full Name of Mother, Mrs P. M. Hill
6. Mother's Maiden Name, Lily A. Lee
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Pleasant Miles Hill
9. Father's Occupation Waiter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs J. Fossett

Address, 534 W. Dolphin St

Remarks, No

8970007710

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 877 13

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Mary Agnes Lyston

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 21st '97
4. Place of Birth, (Street and Number) No. 6 Gutman Ave.
5. Full Name of Mother, Kate Lyston
6. Mother's Maiden Name, Concannon
7. Mother's Birthplace, Ireland
8. Full Name of Father, John M. Lyston
9. Father's Occupation Inspector Custom House
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. B. Hartwig

Address, 815 Jefferson Ave.

Remarks,

8970007711

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 21 st 1897.
4. Place of Birth, (Street and Number) 422 S. Front St.
5. Full Name of Mother, Fannie Sacazovitz
6. Mother's Maiden Name, " Benavitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Moritz Benavitz
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Y. Feldman

Address, 1013 E Lombard St

Remarks,

8970007712

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

M 1236]

RETURN OF A BIRTH. 87716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov. 21st 1897

4. *Place of Birth, (Street and Number)* 2908 Evergreen Terrace

5. *Full Name of Mother,* Annie Lainz

6. *Mother's Maiden Name,* Annie Roney

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Augustus Lainz

9. *Father's Occupation* Lawyer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. C. Hampson Jones M.D.

Address, 211 N. Franklin St.

Remarks,

8 4 7 0 0 0 7 7 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Section. This section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 21/97
4. *Place of Birth, (Street and Number)* 214 S. Castle St.
5. *Full Name of Mother,* Dora McCracken
6. *Mother's Maiden Name,* " Reinisch
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. McCracken
9. *Father's Occupation* Laber
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970007714

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

BM 1230.]

57717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 21, 1897.
4. Place of Birth, (Street and Number) Rear of 321 Roland ave.
5. Full Name of Mother, Ida L. Jones
6. Mother's Maiden Name, Shaner.
7. Mother's Birthplace, Md.
8. Full Name of Father, Jacob A. Jones.
9. Father's Occupation Laborer.
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Elias H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8970007715

Wm. J. C. Dulany Co., City Printers and Stationers.

[...M 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87718

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Nov 21 1897

4. *Place of Birth, (Street and Number)* 840 pierce

5. *Full Name of Mother,* Mary E. Banks

6. *Mother's Maiden Name,* – – Carter

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* William Banks

9. *Father's Occupation* Waiter

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, W B Hawkins

Address, 509 W Saratoga St

Remarks, 8970007716

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 and 4
1. *Sex, (state whether male or female)*	female - female
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	Nov 21 97
4. *Place of Birth, (Street and Number)*	Md Gen Hosp
5. *Full Name of Mother,*	alcinda Johnston
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Jno. Smith
9. *Father's Occupation*	Coachman.
10. *Father's Birthplace,*	Unknown
Name of Medical Attendant, or other person who makes this Return,	M L Field
Address,	Md Gen Hosp
Remarks,	Twins.

8970007717

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

RETURN OF A BIRTH. 87720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 21 1897
4. Place of Birth, (Street and Number) 565 Hoffman St
5. Full Name of Mother, Celistia A Lennis
6. Mother's Maiden Name, Celistia A Yassaway
7. Mother's Birthplace, Balto Md
8. Full Name of Father, W Howard Lennis
9. Father's Occupation Waiter
10. Father's Birthplace, Princess Anne

Name of Medical Attendant, or other person who makes this Return, Hester Cotance

Address, 509 West Preston Street

Remarks,

8970007718

Wm. J. C. Dulany Co., City Printers and Stationers.

Registrar of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Nov. 21 st. 1897
4. *Place of Birth, (Street and Number)* 807 Madison Alley
5. *Full Name of Mother,* Hester Nicholson
6. *Mother's Maiden Name,* Hester Brown
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Philip Nicholson
9. *Father's Occupation* Helper in hospital
10. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hospital Baltimore Md.

Remarks,

8 9 7 0 0 0 7 7 1 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87722

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Nov 21 — 1897
4. *Place of Birth, (Street and Number)*	1810 Clarks Street
5. *Full Name of Mother,*	Katie Brown
6. *Mother's Maiden Name,*	Katie Heinz
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Frank Brown
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	South Carolina
Name of Medical Attendant, or other person who makes this Return,	D. J. Long
Address,	115 W. Lombard St
Remarks,	

8970007720

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 87723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Sunday Nov. 21st. 1897.
4. *Place of Birth, (Street and Number)* 1110 N Eden St.
5. *Full Name of Mother,* Grace Irine Stevens Dufft.
6. *Mother's Maiden Name,* Grace Irine Stevens.
7. *Mother's Birthplace,* New York.
8. *Full Name of Father,* Robert A. Dufft.
9. *Father's Occupation* Minister of the Episcopal Church
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D.

Address, S W Cor Calvert & Preston Sts.

Remarks,

8 4 7 0 0 0 7 7 2 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1235.]

RETURN OF A BIRTH.

97724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 21st 1897
4. *Place of Birth, (Street and Number)* 301 S Calhoun
5. *Full Name of Mother,* Annie R Kurd
6. *Mother's Maiden Name,* " " " Snyder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fredrick Kurd
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Dr Minnie Graf

Address, 827 W Lexington St

Remarks,

8970007722

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

87725

GIVEN NAME ADDED 12/15/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ANNA JOHNSON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) American
3. Date of Birth, Nov. 21st 1897
4. Place of Birth, (Street and Number) 113 W. Lombard St.
5. Full Name of Mother, Hilda Johnson
6. Mother's Maiden Name, Hilda Peterson
7. Mother's Birthplace, Sweden
8. Full Name of Father, Fredrick Johnson
9. Father's Occupation Sailor
10. Father's Birthplace, Denmark

Name of Medical Attendant, or other person who makes this Return, E. Boynton, M.D. 113 W. Lombard St.

Address,

Remarks,

8970007723

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Novemb. 21/97
4. *Place of Birth, (Street and Number)* 2212 McCulloh St
5. *Full Name of Mother,* Marian E. Reynolds
6. *Mother's Maiden Name,* Marian E Raine
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jos. R Reynolds
9. *Father's Occupation* P O Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison Ave

Remarks,

8970007724

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth [illegible] as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child 1897
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	21 November
4. Place of Birth, (Street and Number)	1619 Olive St
5. Full Name of Mother,	Lottie Haupt
6. Mother's Maiden Name,	Lottie Larfer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Haupt
9. Father's Occupation	Lafor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	1828 Light St
Remarks,	Daring Well

8 9 7 0 0 0 7 7 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

97728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 21- 1897.
4. Place of Birth, (Street and Number) 419. Hanover St.
5. Full Name of Mother, Emma L. Hofmann
6. Mother's Maiden Name, Emma L. Reinhardt.
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Henry Hofmann
9. Father's Occupation Agent.
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs. Katharine Mauch

Address, 800. Leadenhal St.

Remarks,

8970007726

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236]

Each collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 21th 1897
4. *Place of Birth, (Street and Number)* Baltimore Md # 407 Norris Alley
5. *Full Name of Mother,* Della Maple
6. *Mother's Maiden Name,* " Creamer
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Maple
9. *Father's Occupation* Brakeman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Kraning

Address, # 414 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well

8970007727

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* November 21st
4. *Place of Birth, (Street and Number)* 628 N. Bethel St Baltimore Md.
5. *Full Name of Mother,* Cathrine Dangerfield
6. *Mother's Maiden Name,* Cathrine Robinson
7. *Mother's Birthplace,* St Mary's County
8. *Full Name of Father,* James Dangerfield
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Maria Forest

Address, Chapel Between Eager & Chase. 101 & 6

Remarks, Maria Forrest

8970007728

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87731

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother; (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 22nd 2 A.M 1897
4. Place of Birth, (Street and Number) 2037 Bunk St
5. Full Name of Mother, Eugenia Isadore Yeager
6. Mother's Maiden Name, E. I. Olfers
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Albert Conrad Yeager
9. Father's Occupation Upholsterer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, James E Downiler M.D

Address, 1701 Baltimore St East

Remarks,

8970007729

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 22 Th 1897
4. Place of Birth, (Street and Number) # 415 S. Bond St
5. Full Name of Mother, Mary Milewicz
6. Mother's Maiden Name, Mary Livinska
7. Mother's Birthplace, Russia Poland
8. Full Name of Father, Anton Milewicz
9. Father's Occupation Blacksmith -
10. Father's Birthplace, Russia Poland.

Name of Medical Attendant, or other person who makes this Return, Annie Grochowal

Address, # 1710 Alice Anna St

Remarks, Done

8970007730

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87733

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 22d 1897
4. *Place of Birth, (Street and Number)* 312 Roland Ave.
5. *Full Name of Mother,* Mary C. Caltrider
6. *Mother's Maiden Name,* Mary C. Allison
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Alvin W. Caltrider
9. *Father's Occupation* Plumber
10. *Father's Birthplace,* Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 421 Roland Ave.

Remarks,

8 9 7 U 0 0 7 7 3 1

said schedule shall be delivered, duly signed by the practitioner in the ... tified day of each and every month to the office of the Commissioner ... shall occur without the attendance of a physician or practitioner of ... attendance upon the mother, immediately thereafter it shall become ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with the ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

1236.]

87734

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 22/1897
4. *Place of Birth, (Street and Number)*	1234 Lanvan st
5. *Full Name of Mother,*	Mary Schley
6. *Mother's Maiden Name,*	Pearl
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	John Schley
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Fredrick Md
Name of Medical Attendant, or other person who makes this Return,	Mary C Jones
Address,	1129 Saratoga St Balto Md
Remarks,	

8 7 7 0 0 7 7 3 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1230.]

RETURN OF A BIRTH.

87785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 22nd 1897
4. *Place of Birth, (Street and Number)*	952 Hanford ave
5. *Full Name of Mother,*	Kate Ward Hyland
6. *Mother's Maiden Name,*	Kate Ward
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Daniel Hyland
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. Josephine Beach
Address,	1051 Augusta St
Remarks,	

8970007733

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

97736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 November 1897
4. *Place of Birth, (Street and Number)* 215 Fell St
5. *Full Name of Mother,* Anne Kociuszka
6. *Mother's Maiden Name,* A. Makoska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Kociuszki
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begies

Address, 721 Linn St

Remarks, Baltimore

8970007734

Wm. J. C. Dulany Co., City Printers and Stationers.

Said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 November 1897
4. Place of Birth, (Street and Number) 910 Ann Fell St.
5. Full Name of Mother, Josphy Gleba
6. Mother's Maiden Name, J. Goleska
7. Mother's Birthplace, Rosia
8. Full Name of Father, Joe Gleba
9. Father's Occupation Tabrer
10. Father's Birthplace, Rosia

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 991 Ann St

Remarks, Baltimore

8 9 7 0 0 0 7 7 3 5

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, or the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov. 22, 1897
4. *Place of Birth, (Street and Number)* 2600 Foster Ave.
5. *Full Name of Mother,* Mary Brown
6. *Mother's Maiden Name,* Mary Callegon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Brown
9. *Father's Occupation* Ice-dealer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8970007736

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87739

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Nov. 22 1897
4. Place of Birth, (Street and Number) 204 Henrietta St
5. Full Name of Mother, Alverda Wickans
6. Mother's Maiden Name, Alverda Johnson
7. Mother's Birthplace, Balto
8. Full Name of Father, Robert Wickans
9. Father's Occupation Laborer
10. Father's Birthplace, Wheeling W. Via

Name of Medical Attendant, or other person who makes this Return, C. Williams

Address, 910 Leaden Hall St

Remarks,

8970007737

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ple 10

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Ple 22 of November 1897

4. Place of Birth, (Street and Number) Re 1318 Hillman St

5. Full Name of Mother, Kate Ingoby

6. Mother's Maiden Name, Kate McGah

7. Mother's Birthplace. Ireland

8. Full Name of Father, John Ingoby

9. Father's Occupation. Police

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Wm Ch Lauer

Address, 1000 1059 Harford Ave Bal. Md.

Remarks,

8 9 7 0 0 6 8 7 3 8

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK D SAFETY

RM 1236]

RETURN OF A BIRTH.

87841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 November
4. *Place of Birth, (Street and Number)* 731 S. Dallas St.
5. *Full Name of Mother,* Mary Geopfert
6. *Mother's Maiden Name,* Samek
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Frank Geopfert
9. *Father's Occupation* Shipping man
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 838 S. Bond St.

Remarks,

8970007739

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 22. 1897
4. Place of Birth, (Street and Number) 1139 Leadenhall St
5. Full Name of Mother, Katie F Smith
6. Mother's Maiden Name, Katie F Mercer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edgar F. Smith
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Barge

Address, 711 Cross St

Remarks,

8970007740

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 87723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male Wht.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 22 1897
4. *Place of Birth, (Street and Number)* 712 E Lombard St
5. *Full Name of Mother,* Ella Flynn
6. *Mother's Maiden Name,* " Lee
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John J. Flynn
9. *Father's Occupation* Saloonkeeper
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherm

Address, 42 Albemarle St.

Remarks,

8 9 7 0 0 0 7 7 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 87744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov 22, 1897

4. *Place of Birth, (Street and Number)* 123 Front St

5. *Full Name of Mother,* Rebecca Lafargue

6. *Mother's Maiden Name,* " Charlotte

7. *Mother's Birthplace,* Roumania

8. *Full Name of Father,* L. Lafargue

9. *Father's Occupation* Silver Silver & Turner

10. *Father's Birthplace,* Roumania

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman.

Address, 42 Allemaile St.

Remarks,

8 4 7 0 0 0 7 7 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered duly signed by the practitioner in ... of its parents, the date and place of birth; and the ... third day of each and every month to the office of the Commissioner in the form of a certificate between the first and ... shall occur without the attendance of a physician or practioner of ... Commissioner of Health. In case the birth of any child ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH.

87740.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 22nd
4. *Place of Birth, (Street and Number)* 1425 McHenry St
5. *Full Name of Mother,* Mrs Hattie Freeside Haddon
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas Haddon
9. *Father's Occupation* Plumber
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, G. G. Lellmich

Address, 11 N Carey St

Remarks,

8970007743

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex, (state whether male or female) ~~Colored~~ Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 22 of Nov 1897
4. Place of Birth, (Street and Number) 1422 Carroll Street
5. Full Name of Mother, Priscilla Willbron
6. Mother's Maiden Name, Priscilla Efford
7. Mother's Birthplace, Anne Arundel County
8. Full Name of Father, Charles Willbron
9. Father's Occupation, Labor
10. Father's Birthplace, Saint Marys County

Name of Medical Attendant, or other person who makes this Return, Charity Boulden

Address, 808 Stockholm Street

Remarks, Well

8970007744

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* November 22nd 1897
4. *Place of Birth, (Street and Number)* 1130 Woodyear St.
5. *Full Name of Mother,* Maria L. Panaway Murray
6. *Mother's Maiden Name,* Maria L. Panaway
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Peter Murray
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Lancaster Co., Va.

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park Ave.

Remarks,

8970007745

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87748

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* November 22nd 1897
4. *Place of Birth, (Street and Number)* 1132 Etting St.,
5. *Full Name of Mother,* Isetta Lewis,
6. *Mother's Maiden Name,* Isetta Hemans,
7. *Mother's Birthplace,* Charlotteville Va.
8. *Full Name of Father,* Floyd C. Lewis,
9. *Father's Occupation* Porter,
10. *Father's Birthplace,* Moorfield West Va.

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson,

Address, 1024 Park Ave,

Remarks,

8970007746

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 22 Nov
4. *Place of Birth, (Street and Number)* Plum ally 825
5. *Full Name of Mother,* Emma J Jennens
6. *Mother's Maiden Name,* Emma J Lockman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Jennens
9. *Father's Occupation* Stevedoar
10. *Father's Birthplace,* West Wriver

Name of Medical Attendant, or other person who makes this Return, Cathrene Jones

Address, 827 Plum ally

Remarks, X 8970007747

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 Nov 1897
4. *Place of Birth, (Street and Number)* Meryman & Lane Waverly
5. *Full Name of Mother,* Abbie Hall
6. *Mother's Maiden Name,* Abbie Rice
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* A R V Hall
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bruce

Address, 1610 N. Wolfe st

Remarks,

8 9 7 0 0 0 7 7 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

ertained the full name of each child, if any shall have
on of its parents, the date and place of birth; and the
itioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
ctioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
the manner and within the period above required, and
mply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 22. 1897.
4. *Place of Birth, (Street and Number)* Hull St No 119
5. *Full Name of Mother,* Mary Mcgovern
6. *Mother's Maiden Name,* Mary Mchale
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas Mcgovern
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Ettel)

Address, No 619 Eutaw St

Remarks,

8970007749

Wm. J. C. Dulany Co., City Printers and Stationers.

[236.]

Over

RETURN OF A BIRTH.

87762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: John Sylvester Belzner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Dead

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 22nd 1897
4. *Place of Birth, (Street and Number)* 2029 Bank St.
5. *Full Name of Mother,* Margaret (~~[illegible]~~) Belzner
6. *Mother's Maiden Name,* Margaret (~~[illegible]~~) Menning
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George [illegible] (~~[illegible]~~) Belzner
9. *Father's Occupation* Chrome Packer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Gregory

Address, 2225 Bank St

Remarks, Only

8970007750

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

be the full name of each child, (if any shall have
its parents, the date and place of birth; and the
in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in the
third day of each and every month to the office of the Commissioner
shall occur without the attendance of a physician or practitioner of mid
attendance upon the mother, immediately of birth, in the manner a
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with the
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its pare
said schedule shall be delivered, duly signed by the practitioner in the
third day of each and every month to the office of the Commissioner
shall occur without the attendance of a physician or practitioner of mid
attendance upon the mother, immediately of birth, in the manner a
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with the
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, ~~2d, 3d~~, &c.)

1. *Sex,* (*state whether male or* ~~*female*~~)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Nov 7th
4. *Place of Birth,* (*Street and Number*) 1542 Hamilton Place
5. *Full Name of Mother,* Alice J. Fee
6. *Mother's Maiden Name,* Hineke
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Howard Fee
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Thos S Huck

Address, Thos S Huck

Remarks, 647 N Lafayette Ave

897/0007751

Wm. J. C. Dulany Co,. City Printers and Stationers.

236.]

GIVEN NAME ADDED - 5/21/68

RETURN OF A BIRTH. 87754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) NAME: CHARLES EDWARD KRAFT

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 22 1897
4. *Place of Birth, (Street and Number)* 1517 Argyle ave
5. *Full Name of Mother,* Fanny Krafft
6. *Mother's Maiden Name,* " " Entwisel
7. *Mother's Birthplace,* Alexandria Va
8. *Full Name of Father,* Daniel E. Krafft
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, John G Huck

Address, 647 W Lafayette ave

Remarks,

8970007752

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

tion of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 22nd 1897
4. *Place of Birth, (Street and Number)* 558 Wilson st
5. *Full Name of Mother,* Elizabeth P Kennedy
6. *Mother's Maiden Name,* Elizabeth P Murphy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Hugh Kennedy
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, M J Barrett M.D.

Address, 1641 Pa. Ave

Remarks, Case was attended for Dr Lynn Clough 1705 Pa Ave

8970007753

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 23rd 1897
4. Place of Birth, (Street and Number) 405 S Bond St
5. Full Name of Mother, Nellie Crisp
6. Mother's Maiden Name, Nellie Brougham.
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Joseph Crisp.
9. Father's Occupation Driver
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt

Address, 1726 Eastern Ave

Remarks, Balto Md

8970007754

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 23
4. Place of Birth, (Street and Number) 1802 White street
5. Full Name of Mother, Maggie Jackson
6. Mother's Maiden Name, Maggie Conroy
7. Mother's Birthplace, Ireland
8. Full Name of Father, Henry T Jackson
9. Father's Occupation Commission Merchant
10. Father's Birthplace, Montgomery County

Name of Medical Attendant, or other person who makes this Return, Mrs Bailey

Address, 711 Cross St.

Remarks,

8970007755

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236]

RETURN OF A BIRTH. 87708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 6 1923
4. Place of Birth, (Street and Number) Canton St. 800
5. Full Name of Mother, Agnes Stukrosky
6. Mother's Maiden Name, Bielzenska
7. Mother's Birthplace, Pole
8. Full Name of Father, Frank Stukrosky
9. Father's Occupation Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Jenny Pett

Address, 838 S. Bond St.

Remarks,

8970007756

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

84759

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) ~~Nov 23~~ White.

3. Date of Birth, Nov 23

4. Place of Birth, (Street and Number) 664 German St.

5. Full Name of Mother, Josephine Gregory

6. Mother's Maiden Name, Josephine Atzel

7. Mother's Birthplace, Saxony, Germany

8. Full Name of Father, John Gregory

9. Father's Occupation Steam Fitter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Nathan Herman M.D.

Address, 402 Lawrence St.

Remarks,

8 4 7 5 9 0 0 7 7 5 7

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

GIVEN NAME ADDED 4-22-57

RETURN OF A BIRTH. 87760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Dora Sopher

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 23 1897
4. *Place of Birth, (Street and Number)* 210 S. Edenst
5. *Full Name of Mother,* Jennie Sopher
6. *Mother's Maiden Name,* J. Aplestein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Samuel Sopher
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finebery

Address, 25 S Lloyd St

Remarks,

8 4 7 0 0 0 7 7 5 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[336]

RETURN OF A BIRTH. 87761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child 1897
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23 November
4. *Place of Birth, (Street and Number)*	2010 E Barney St
5. *Full Name of Mother,*	Sadie Myers
6. *Mother's Maiden Name,*	Sadie Bell
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John William Myers
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elva Brooks
Address,	1828 Light St
Remarks,	Dang Well

8970007759

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1336.]

RETURN OF A BIRTH. 87762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 23rd 1897.
4. Place of Birth, (Street and Number) 1921 E. Hoffman
5. Full Name of Mother, Clara Geltner
6. Mother's Maiden Name, Manthey
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Geltner
9. Father's Occupation Cigar maker
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, W. B. Hawkins

Address, 509 W Saratoga St

Remarks, 847U007760

The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 23rd
4. *Place of Birth, (Street and Number)* Bernard St. 2706
5. *Full Name of Mother,* Emmie Rebecca Davis
6. *Mother's Maiden Name,* " " Miller
7. *Mother's Birthplace,* York County Pa.
8. *Full Name of Father,* Bey Gilmore Davis
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Martha Griffen

Address, no other Physician

Remarks, 15-14 Winsor Ave near Gilmore

8970007761

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 23 - 1897
4. *Place of Birth, (Street and Number)* 800 N Carey St.
5. *Full Name of Mother,* Helen L. Perry
6. *Mother's Maiden Name,* Kelley
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Edgar L. Perry
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. John Neff M.D.

Address, 701 N. Carrollton Ave

Remarks,

8 9 7 0 0 0 7 7 6 2

been concerned) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 87765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 23, 1897
4. Place of Birth, (Street and Number) 909 Patuxent St.
5. Full Name of Mother, Theresa Danaher
6. Mother's Maiden Name, Theresa Wolf
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jeremiah Danaher
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8 9 7 0 0 0 7 7 6 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 4-15-64

RETURN OF A BIRTH.

87766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helen Elizabeth Bentholl

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* November 24th 1897
4. *Place of Birth,* (Street and Number) 36 N. Kaunteroy Ave
5. *Full Name of Mother,* Carrie Ann Bentholl
6. *Mother's Maiden Name,* C. A. Hess
7. *Mother's Birthplace,*
8. *Full Name of Father,* William Bentholl
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Francis E. Donnelly M.D.

Address, 1907 Baltimore St East

Remarks,

8 7 7 0 0 0 7 7 6 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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87767

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First,
1. *Sex, (state whether male or female)*	Male,
2. *Race or Color, (if not of the white race)*	White,
3. *Date of Birth,*	11 24 97,
4. *Place of Birth, (Street and Number)*	712 E. Chase St.,
5. *Full Name of Mother,*	Alice Smoot Cook,
6. *Mother's Maiden Name,*	Alice Smoot,
7. *Mother's Birthplace,*	Virginia,
8. *Full Name of Father,*	Davis Lee Cook,
9. *Father's Occupation*	Motorman,
10. *Father's Birthplace,*	Maryland,
Name of Medical Attendant, or other person who makes this Return.	J. F. Hempel, M.D.
Address,	1103 Valley St.,
Remarks,	

8970007765

Wm. J. C. Dulany Co., City Printers and Stationers.

of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
ner of midwifery, or should no other person be in
ll become the duty of the person or parents of such
e manner and within the period above required, and
ly with the provisions of this section shall be sub-
covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 24th 1897
4. Place of Birth, (Street and Number) #1607 Thames St
5. Full Name of Mother, Mary Pomikata.
6. Mother's Maiden Name Mary Chisz.
7. Mother's Birthplace, Ostria.
8. Full Name of Father, Joseph Pomikata.
9. Father's Occupation Tailor.
10. Father's Birthplace, Ostria

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, #1710 Alice Anna St

Remarks, None

8970007766

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1236.]

RETURN OF A BIRTH. 87769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan the 24 1897
4. Place of Birth, (Street and Number) Milkins Lane No 22 11
5. Full Name of Mother, margaret E Easley
6. Mother's Maiden Name, margart E Easley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert E Easley
9. Father's Occupation Electrician
10. Father's Birthplace, Louisvill Kentuckey

Name of Medical Attendant, or other person who makes this Return, Miss S Kelley

Address, No 1922 Milkins Lane

Remarks,

8 9 7 0 0 0 7 7 6 7

Been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 87770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

Name [illegible] Ruth Graeser

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 24th Nov 1897
4. Place of Birth, (Street and Number) 1634 E Eager st
5. Full Name of Mother, Margret (Geofge) Graeser
6. Mother's Maiden Name, Mack
7. Mother's Birthplace, Balto
8. Full Name of Father, George (Geofge) Graeser
9. Father's Occupation Barber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, † Mrs Julia Groome

Address, 944 N. Eager st

Remarks,

8 9 7 U 0 0 7 7 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 24/89
4. *Place of Birth, (Street and Number)* 23 Stone Hill, Mt Vernon, Balt.
5. *Full Name of Mother,* Ella E. Clough.
6. *Mother's Maiden Name,* Ella E. Carlin.
7. *Mother's Birthplace,* Balto Co.
8. *Full Name of Father,* Joseph A Clough.
9. *Father's Occupation* Shell Hand
10. *Father's Birthplace,* Carroll Co.

Name of Medical Attendant, or other person who makes this Return, A C Shelley MD

Address, 3426 Chestnut Ave Hampden Balto.

Remarks,

8 9 7 0 0 0 7 7 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[230.]

RETURN OF A BIRTH. 87772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 24th Nov
4. *Place of Birth, (Street and Number)* 508 Jefferson Ave Womens
5. *Full Name of Mother,* Sophia Dico
6. *Mother's Maiden Name,* Sophia Winter
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* John Dico
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Britt midwife

Address, 1417. E. Eager St.

Remarks,

8 9 7 U 0 0 7 7 7 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 97770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 November 1897
4. Place of Birth, (Street and Number) 925 Fell St
5. Full Name of Mother, Seny Milecka
6. Mother's Maiden Name, L. Kowalska
7. Mother's Birthplace, Germany
8. Full Name of Father, Luty Milecki
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 Linn St

Remarks, Baltimore

8970007771

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87774

GIVEN NAME ADDED 3/24/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Wilfred Celestine Downey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White race
3. Date of Birth, 24th of November 1897
4. Place of Birth, (Street and Number) 890 St Peter St Baltimore
5. Full Name of Mother, Mary L. Downey
6. Mother's Maiden Name, Mary L. Bruning
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William L. Downey
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 Cross St.

Remarks,

8970007772

Wm. J. C. Dulany Co., City Printers and Stationers.

been completed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236]

RETURN OF A BIRTH. 84775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* S. Bond St. 813
4. *Place of Birth, (Street and Number)* December 24
5. *Full Name of Mother,* Maggie Rund
6. *Mother's Maiden Name,* Gibel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Rund
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Pell

Address, 838 S. Bond St.

Remarks,

184 U 007773

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 24 97
4. *Place of Birth, (Street and Number)* 1534 Canton Ave.
5. *Full Name of Mother,* Bertha Hamburger
6. *Mother's Maiden Name,* " Levis
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Abraham Hamburger
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bisenhofer.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

8970007774

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 24, 1897
4. Place of Birth, (Street and Number) 2721 Broad St.
5. Full Name of Mother, Sarah E. Taylor
6. Mother's Maiden Name, Bonet
7. Mother's Birthplace, Wilmington - Del.
8. Full Name of Father, James W. Taylor
9. Father's Occupation Carpenter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Chas. H. Tindall M.D

Address, 291 Chestnut ave

Remarks,

8970007775

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87778

RETURN OF A BIRTH.

GIVEN NAME ADDED, 1-26-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Davis Fleet

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Nov. 24th, 1897
4. Place of Birth, (Street and Number) 1732 McCubbin St.
5. Full Name of Mother, Mary Fleet
6. Mother's Maiden Name, Mary Baucham
7. Mother's Birthplace, Richmond Co. Va.
8. Full Name of Father, Benjamin Fleet
9. Father's Occupation Stevedore
10. Father's Birthplace, Gloucester Co., Va

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M. D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore, Md.

8 9 7 0 0 0 7 7 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

a-87777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 24th 819 Woodward St
4. *Place of Birth, (Street and Number)*	819 Woodward a
5. *Full Name of Mother,*	Margaret McKay
6. *Mother's Maiden Name,*	Margard Ireland
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	William Henry McKay
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return	Hellyonda Clafer
Address,	934 St Peter St
Remarks,	

8 9 7 0 0 0 7 7 7 7

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable in the City of Baltimore.

Wm. J. C. Dulany Co., City Printers and Stationers

ORM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) four

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* color
3. *Date of Birth,* September 24-
4. *Place of Birth, (Street and Number)* Peach - Al-
5. *Full Name of Mother,* Emma Newman.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George H. Newman
9. *Father's Occupation* Labour
10. *Father's Birthplace,* Essex County Md

Name of Medical Attendant, or other person who makes this Return, Mrs Ferguson

Address, No 1003 S. Clark st

Remarks,

8 9 7 0 0 0 7 7 7 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 87781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov. 24, 1897
4. *Place of Birth, (Street and Number)* 2939 Hudson St.
5. *Full Name of Mother,* Justine Berman
6. *Mother's Maiden Name,* Justine Ohner
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles Berman
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8970007779

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87782

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov. 24, 1897
4. *Place of Birth, (Street and Number)* 2516 Foster Ave.
5. *Full Name of Mother,* Kate More
6. *Mother's Maiden Name,* Kate Staas
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Edward More
9. *Father's Occupation* Sail-maker
10. *Father's Birthplace,* Chrisfield

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8970007780

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH.

87783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 the November 1897
4. *Place of Birth, (Street and Number)* No 1938 Garrett Ave. L. P.
5. *Full Name of Mother,* Katharina Heitzer
6. *Mother's Maiden Name,* " Wolf
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Heitzer
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaeffler

Address, No 1705 E. Fort Ave. L. P.

Remarks,

8 9 7 0 0 0 7 7 8 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

[illegible] This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-22-59

87784

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Isidor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 26th 1897

4. Place of Birth (Street and Number) 409 N Calhoun St

5. Full Name of Mother Rose Markover

6. Mother's Maiden Name Dworzyn

7. Mother's Birthplace Russia

8. Full Name of Father Bernard Markover

9. Father's Occupation Bookkeeper,

10. Father's Birthplace Russia

Name of Medical Attendant, or other Person who makes this return Samuel Bilt M.D.

Address 314 N Eutaw St.

Remarks

8970007782

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Nov. 25 - 97
4. *Place of Birth, (Street and Number)* 1345 N. Frem. Ave.
5. *Full Name of Mother,* Kate Gunning Kissling
6. *Mother's Maiden Name,* Gunning
7. *Mother's Birthplace,* Balto,
8. *Full Name of Father,* Albert Kissling
9. *Father's Occupation* Supt. Ice Business
10. *Father's Birthplace,* Balto
11. *Name of Medical Attendant,* or other person who makes this Return, Chas H Bulant

Address,

Remarks,

8970007783

Wm. J. C. Dulany Co., City Printers and Stationers.

87786

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 25th 1897
4. Place of Birth, (Street and Number) 623 S. Durham St
5. Full Name of Mother, Mary Fick
6. Mother's Maiden Name, Mary Witzberger
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Aleck Fick
9. Father's Occupation Baker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt

Address, 1726 Eastern Ave

Remarks, Balto Md

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87787

GIVEN NAME ADDED. 10-11-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Frederick Bartens

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Thursday Nov 25 - 1897.
4. *Place of Birth, (Street and Number)* 718 Ramsay St. Baltimore
5. *Full Name of Mother,* Carrie E. Bartens
6. *Mother's Maiden Name,* Carrie E. Elder.
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,* Frederick E Bartens.
9. *Father's Occupation* Wood sawyer - L. F. Sloan & Co.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 111 Cross St.

Remarks,

8 9 7 0 0 0 7 7 8 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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Over

RETURN OF A BIRTH. 87788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 25/97
4. *Place of Birth, (Street and Number)* #746 St Ave
5. *Full Name of Mother,* Elsie Z. Rowley
6. *Mother's Maiden Name,* " " Gosdell
7. *Mother's Birthplace,* Frederick Co. Md.
8. *Full Name of Father,* Clarence P. Rowley
9. *Father's Occupation* Mill hand
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wm H Feddeman

Address, # 102 Chestnut Ave

Remarks, Full name of child - Elsie Gertrude Rowley

8970007786

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-17-49

RETURN OF A BIRTH. 87789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Donald

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 25th/97
4. *Place of Birth, (Street and Number)* 1009 North Arlington Ave.
5. *Full Name of Mother,* Margaret C. Meikle
6. *Mother's Maiden Name,* McMullen.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* F. A. Meikle
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* Steubensville, Ohio.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address, 1801 Madison Ave.

Remarks,

8970007787

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1230]

RETURN OF A BIRTH. 84790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, Nov 25th 897

4. Place of Birth, (Street and Number) 1510 N Caroline St

5. Full Name of Mother, Emma Sunners

6. Mother's Maiden Name, Hess

7. Mother's Birthplace, " City

8. Full Name of Father, Joseph A Sunners

9. Father's Occupation Lumber, sash Manfr

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, R G Davis M D

Address, 1507 N Caroline St

Remarks,

8970007788

said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 25-a
4. *Place of Birth, (Street and Number)* 2850 Fenwick st
5. *Full Name of Mother,* Edith Estell Gorden
6. *Mother's Maiden Name,* Edith Estell Bowden
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Lockwood Gorden
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary I Turgeon MD

Address, 2847 Fenwick st

Remarks,

8 7 7 0 0 0 7 7 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 25th 97
4. Place of Birth, (Street and Number) 2818 Bernard St.
5. Full Name of Mother, Laura B. Mooney-Parks
6. Mother's Maiden Name, Laura B. Mooney
7. Mother's Birthplace, Ocla Balto. Co. Md.
8. Full Name of Father, William Frank Parks
9. Father's Occupation, Stonecutter
10. Father's Birthplace, Texas, Balto. Co. Md

Name of Medical Attendant, or other person who makes this Return, F. B. Marden M.D.

Address, 2910 Huntington Ave

Remarks, Case Normal L.O.A.

Both doing [illegible]

8 9 7 0 0 0 7 7 9 0

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6253

GIVEN NAME ADDED 1-3-57 87793

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Donald Delauney Macleod

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 25th 1897
4. Place of Birth, (Street and Number) 2940 Huntington Ave
5. Full Name of Mother, Mary E. Zirkler-Macleod
6. Mother's Maiden Name, Mary E. Zirckler
7. Mother's Birthplace, Philadelphia, Pa
8. Full Name of Father, Donald Macleod
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. F. B. Marden M.D.

Address, 2910 Huntington Ave

Remarks, Normal L.O.A.

Both doing well

8970007791

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 87794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 25 - 1897.
4. Place of Birth, (Street and Number) 709 N. Howard St.
5. Full Name of Mother, Ida Schwartz.
6. Mother's Maiden Name, Ida Sommerling.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Wm. Schwartz.
9. Father's Occupation Ladies' Sailor.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, R. H. Johnston.

Address, 708 Madison Ave.

Remarks,

8 9 7 0 0 0 7 7 9 2

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1336]

RETURN OF A BIRTH. 87795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child 1897
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25 of November
4. *Place of Birth, (Street and Number)*	37 Barney St
5. *Full Name of Mother,*	Sinnie Jacobs
6. *Mother's Maiden Name,*	Sinnie Anders
7. *Mother's Birthplace,*	Frederick MD
8. *Full Name of Father,*	Henry Jacobs
9. *Father's Occupation*	Fireman on Bo
10. *Father's Birthplace,*	Hanover Pa
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	1828 Light St
Remarks,	Doing Well

8 9 7 0 0 0 7 7 9 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 25/97
4. Place of Birth, (Street and Number) 2215 E. Balto. St.
5. Full Name of Mother, Louisa Schamberger
6. Mother's Maiden Name, Grau
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph Schamberger
9. Father's Occupation Builder
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 7 7 0 0 0 7 7 9 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236]

8.

RETURN OF A BIRTH.

4-87797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Cit

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 25. (4. 15. P. M.)
4. Place of Birth, (Street and Number) 137 Leloup Street.
5. Full Name of Mother, Ritella Lorrette Frank,
6. Mother's Maiden Name, Moosgrave
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Henry Frank,
9. Father's Occupation Labourer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kanne (fo

Address, Mothers Relief Society) 1412 Ontario

Remarks,

89 7 0 0 0 7 7 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 97798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rose Becker.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov - 25 - 1897
4. *Place of Birth, (Street and Number)* 118 Aldemarle St
5. *Full Name of Mother,* Rachel Becker
6. *Mother's Maiden Name,* Rachel Adler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* David Becker
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, D. J. Long

Address, 115 W Lombard St

Remarks, GIVEN NAME ADDED. 7-3-52

8 4 7 0 0 0 7 7 9 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87799

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) ~~[illegible]~~
3. Date of Birth, Nov 25th 1897
4. Place of Birth, (Street and Number) 1003 Boyd St
5. Full Name of Mother, Georgiana Miller
6. Mother's Maiden Name, Georgia Baumes
7. Mother's Birthplace, N.Y.
8. Full Name of Father, Chas L. Miller
9. Father's Occupation Carpenter
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Mrs. O'Hayer

Address, 924 Hollins St

Remarks,

8 4 7 0 0 0 7 7 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the date and place of birth, and the [illegible] duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87800

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 25 97
4. *Place of Birth, (Street and Number)*	1017 Hanewood Ave
5. *Full Name of Mother,*	Annie Gibson
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	J. J. Gibson
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	726 E. Pleasant St
Remarks,	

8 4 7 0 0 0 7 7 9 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[...]M 1236.]

RETURN OF A BIRTH. 87801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th November 1897
4. *Place of Birth, (Street and Number)* No 1533 Barrough
5. *Full Name of Mother,* Lucy Nitubitz
6. *Mother's Maiden Name,* " Syack
7. *Mother's Birthplace,* Pollen
8. *Full Name of Father,* Andrew Nitubitz
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Pollen

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaeffler

Address, No 1708 E. Fort Ave L. P.

Remarks,

8 9 7 0 0 0 7 7 9 9

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Fo

RETURN OF A BIRTH. 87802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 25th
4. Place of Birth, (Street and Number) 1130 Scott St city
5. Full Name of Mother, Nannie Williamina Speddon
6. Mother's Maiden Name, Bennett
7. Mother's Birthplace, Dorchester Co Md
8. Full Name of Father, Richard Vincent Speddon
9. Father's Occupation Private Watchman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs A. L. Bishop

Address, No 731 N Peter St

Remarks,

8970007800

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87503

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 25 - 97.
4. Place of Birth, (Street and Number) Baltimore 1369 N Carey St
5. Full Name of Mother, Jessie Forrester
6. Mother's Maiden Name, Jessie Shearer
7. Mother's Birthplace, Balto
8. Full Name of Father, J. Frank Forrester.
9. Father's Occupation Market Master.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Chas H Bubert

Address,

Remarks,

8970007801

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87804

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 25th 1897

4. Place of Birth, (Street and Number) 1818 E. Madison St

5. Full Name of Mother, Blanch N. Sittig

6. Mother's Maiden Name, Blanch N. Miller

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, William H. Sittig

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, A. G. Watson

Address, 1301 N. Central Ave.

Remarks,

8 7 7 0 0 0 7 8 0 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 the
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 25 - 1897
4. *Place of Birth, (Street and Number)*	1633 Cubert street Baltimore
5. *Full Name of Mother,*	Annie Dempsey
6. *Mother's Maiden Name,*	Annie Delaney
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James Dempsey
9. *Father's Occupation*	Labourer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Ettel
Address,	1619 Eutaw St
Remarks,	

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Wm. J. C. Dulany Co., City Printers and Stationers.

87806

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Children four

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord.
3. *Date of Birth,* November 26-97
4. *Place of Birth, (Street and Number)* Carroll Ave. No 1880
5. *Full Name of Mother,* Joulier Hawkins
6. *Mother's Maiden Name,* Elizabeth Peters
7. *Mother's Birthplace,* Perginner
8. *Full Name of Father,* Sam Mackfield.
9. *Father's Occupation* Baltimore
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return.

Address, Return Thomas I. Peters. 1609 Vincent St

Remarks,

8 9 7 0 0 0 7 8 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and co[illegible] register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner [illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236

Baltimore under whose charge or superintendence a birth shall [illegible] register of such birth, and shall enter the same on blank schedule, [illegible] Health. This schedule shall contain a list of the births which have occurred [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* November 26 1897
4. *Place of Birth, (Street and Number)* 1402 Barclay St Waverley
5. *Full Name of Mother,* Rebecca Sa Scott
6. *Mother's Maiden Name,* Rebecca Sa Brown
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,* Frank Scott
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Hanover Co Va

Name of Medical Attendant, or other person who makes this Return Hester Cotance

Address, 509 West Preston St

Remarks, —

8970007805

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 57808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 26. 1897
4. Place of Birth, (Street and Number) 1504 W. Ramsay
5. Full Name of Mother, Annie Hutchinson
6. Mother's Maiden Name, Annie Ruel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. Hutchinson
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John C. Pound

Address, 1300 W. Lombard St.

Remarks, Please excuse delay, as it slipped my mind. Name of child: Earle Elmer Hutchinson

SECTION 7.—And be it further enacted and ordained that hereafter take place, shall keep a true and Baltimore under whose charge or superintendence a birth shall hereafter register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. [illegible] Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a (true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov. 26th 1897
4. Place of Birth, (Street and Number) 1309 Upton Street
5. Full Name of Mother, Rosa Keys
6. Mother's Maiden Name, Rosa Keys
7. Mother's Birthplace, Virginia
8. Full Name of Father, Thomas S. Keys
9. Father's Occupation, Waiter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Thomas Borgias M.D.

Address, 430 W Biddle St.

Remarks,

1897 0007 807

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 87810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 26 Nov.
4. *Place of Birth, (Street and Number)* 1001 Hollinan st
5. *Full Name of Mother,* Sarah Howe
6. *Mother's Maiden Name,* Sarah Dougherty
7. *Mother's Birthplace,* Baltimore md.
8. *Full Name of Father,* Thomas Howe
9. *Father's Occupation* Stevedore
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. J Bird Midwife

Address, 1417 E. Eager st

Remarks,

8770007808

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

87511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 26, 1897
4. *Place of Birth, (Street and Number)*	1614 W. Franklin St.
5. *Full Name of Mother,*	Cora L. Brannaman
6. *Mother's Maiden Name,*	Patterson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm. Chester Brannaman
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	John Hood M.D.
Address,	16 S. Gilmor St
Remarks,	

8970007809

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1236

CERTIFICATE CORRECTED 12-23-54 ~~8[illegible]~~ ~~8[illegible]~~ 87813

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Earl Damon Lowery, 1 Child 1897

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 November 1897
4. Place of Birth, (Street and Number) 31 E Barney St
5. Full Name of Mother, Lowery, Martha Bell ~~Harrison~~ Lowery
6. Mother's Maiden Name, Martha Bell Harrison
7. Mother's Birthplace, Carrol Co
8. Full Name of Father, John William ~~Lowery~~ Lowery
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elza Brooks

Address, 1828 Light St

Remarks, Daing Well

8970007810

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1286.]

RETURN OF A BIRTH.

87814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 26 1896
4. *Place of Birth, (Street and Number)* 16 15 Gough St.
5. *Full Name of Mother,* Carrie E Rieder
6. *Mother's Maiden Name,* Ackren
7. *Mother's Birthplace,* Jacksonville Md
8. *Full Name of Father,* Joseph Rieder
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970007811

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 87815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 6

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 26 November 1897
4. *Place of Birth,* (*Street and Number*) 4019 Caroline St
5. *Full Name of Mother,* Mary Idyla
6. *Mother's Maiden Name,* M. Juras
7. *Mother's Birthplace,* Austrylie
8. *Full Name of Father,* Fall Idyla
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begin

Address, 721 Ann St

Remarks, Baltimore

8 9 7 U 0 0 7 8 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 26 "99
4. *Place of Birth, (Street and Number)* 2648 Florence St
5. *Full Name of Mother,* Jennie B Jackson
6. *Mother's Maiden Name,* Jennie B. Babylon
7. *Mother's Birthplace,* Balto Co Md
8. *Full Name of Father,* Danl T. Jackson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return, Thomas J Talbott M D

Address, 2506 Reisterstown Ave

Remarks,

8 7 0 0 0 7 8 1 3

said schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 84817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 26th
4. Place of Birth, (Street and Number) 1148 Pinckney St
5. Full Name of Mother, Lilly E Kelly
6. Mother's Maiden Name, Lilly E Harmon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Francis L Kelly
9. Father's Occupation Truckster
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm Bange

Address, 711 Cross St

Remarks,

8970007814

The Certificate should be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 97818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* for the 26 " 18 " 97
4. *Place of Birth, (Street and Number)* Ramsey St to 18 " 29
5. *Full Name of Mother,* Clara B Shoemaker
6. *Mother's Maiden Name,* Clara B Harrison
7. *Mother's Birthplace,* Carrol C O M D
8. *Full Name of Father,* thomas i Shoemaker
9. *Father's Occupation* foreman at the lenter shop of the B C company
10. *Father's Birthplace,* Fredrick C O M D

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Wilkins Ave

Remarks,

8970007815

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

87819

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 26. 1897.
4. *Place of Birth, (Street and Number)* 1218 Batterry ave
5. *Full Name of Mother,* Anne Brandell
6. *Mother's Maiden Name,* Anne Buckman
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Louis Brandell
9. *Father's Occupation* labor
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

8970007816

[illegible] as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26th November
4. *Place of Birth, (Street and Number)* 1152 Hamburg St.
5. *Full Name of Mother,* Susie Schwartz
6. *Mother's Maiden Name,* Susie Kuhn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Conrad Schwartz
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mr Bunge

Address, 711 Cross St

Remarks,

8970007817

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Balt

A 87821

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 January
4. *Place of Birth, (Street and Number)* 1724 Eagle St.
5. *Full Name of Mother,* Minnie Sydney Bussey
6. *Mother's Maiden Name,* Stumpf
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fredrick Sydney
9. *Father's Occupation* Manufacturer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S. Bond St.

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C 7 7 0 0 9 7 8 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 87522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 26 - 1897
4. *Place of Birth, (Street and Number)* 28 albemarle St
5. *Full Name of Mother,* Sary Mendelson
6. *Mother's Maiden Name,* Simon
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Emanuel Mendelson
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia Konne State

Name of Medical Attendant, or other person who makes this Return, H. Eliason M.D.

Address, 1434 Front St

Remarks,

8 7 0 0 0 7 8 1 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26th November
4. *Place of Birth, (Street and Number)* 215 Chestnut St
5. *Full Name of Mother,* Mrs Mary Brown
6. *Mother's Maiden Name,* Mary A Kiefe
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Joseph Brown
9. *Father's Occupation* Produce Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Caroline Patterson

Address, ~~215~~ 815 North Dallas St

Remarks,

8470007820

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 8782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 26/97
4. *Place of Birth, (Street and Number)* 519 W. Chester St.
5. *Full Name of Mother,* Katie Rowe
6. *Mother's Maiden Name,* " Weisman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* James Rowe
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenholer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 7 8 2 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 8-25-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

87825

Name: Marie ~~Knell~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 26th Nov. 1897
4. Place of Birth, (Street and Number) No. 1162 Cleveland Str
5. Full Name of Mother, Blanch Knell
6. Mother's Maiden Name, " " Bell
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles Knell
9. Father's Occupation Labor
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischo

Address, No. 731 St Peter Str.

Remarks,

8 7 7 0 0 0 7 8 2 2

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 26th 1897
4. *Place of Birth, (Street and Number)* 103 Foster Ave
5. *Full Name of Mother,* Bertha Musch
6. *Mother's Maiden Name,* Bertha Boildie
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Bernarde Musch
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Perego

Address, 2223 Bank St.

Remarks, City

8970007823

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 26 th
4. *Place of Birth, (Street and Number)*	Cor. Appleton & Ryan
5. *Full Name of Mother,*	Bessie Sheild
6. *Mother's Maiden Name,*	" Flanagan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Sheilds
9. *Father's Occupation*	Moulder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Kanagan
Address,	412 Dodd St
Remarks,	

8970007824

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-8-59

RETURN OF A BIRTH. 57828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Swiggett ——— Hinds

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 not

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 27 - 1897
4. Place of Birth, (Street and Number) 1429 N. Mulberry St.
5. Full Name of Mother, Mary L. Hinds
6. Mother's Maiden Name, Lewis
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William F. Hinds
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, John Neff M.D.

Address, 701 N. Carrollton Ave

Remarks,

8970007825

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

1236.]

87829

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Born Nov 27th 1897
4. *Place of Birth, (Street and Number)* # 307 Forrest St.
5. *Full Name of Mother,* Mrs. Katie Brauer
6. *Mother's Maiden Name,* Miss. " Smith
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* William Brauer
9. *Father's Occupation* Plasterer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller

Address, # 2008 McHenry St

Remarks,

8 9 7 0 0 0 7 8 2 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236.]

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87330

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 27th 1897
4. *Place of Birth, (Street and Number)* 609 S. Regester St
5. *Full Name of Mother,* Annie L. Cappeller
6. *Mother's Maiden Name,* Annie L. Sieble
7. *Mother's Birthplace,* Balto. County
8. *Full Name of Father,* William Cappeller
9. *Father's Occupation* Box Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary E. Pregny

Address, 1225 Bank St

Remarks, City

8970007827

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 27/97
4. *Place of Birth, (Street and Number)*	1606 W Lanvale
5. *Full Name of Mother,*	Gertrude Hall
6. *Mother's Maiden Name,*	" Stubbs
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Amherst Hall
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo W Norris M D
Address,	1501 Bressman St
Remarks,	

8 9 7 0 0 0 7 8 2 8

register of each birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

1236]

87832

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 27, 1897
4. Place of Birth, (Street and Number) 802 Hanover St.
5. Full Name of Mother, Annie Isenberg
6. Mother's Maiden Name, " Parichkey
7. Mother's Birthplace, Russia.
8. Full Name of Father, Abraham Isenberg
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Wm. Rubinstein

Address, 123 W. Barre St.

Remarks,

89700 829

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236]

RETURN OF A BIRTH.

87833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 27
4. Place of Birth, (Street and Number) 2116 Vine St
5. Full Name of Mother, Mrs Bertha Clemens Sinclair
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Sinclair
9. Father's Occupation Oil business
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S. S. Lillinsh

Address, 11 N Carey St

Remarks,

8 9 7 0 0 0 7 8 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...ord of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 27/97
4. Place of Birth, (Street and Number) 1725 Bank Str.
5. Full Name of Mother, Annie Clark
6. Mother's Maiden Name, " Dorsey
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edwards L. Clark
9. Father's Occupation Clerk
10. Father's Birthplace, Balto,

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 7 8 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Balti

87835

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* 11. 27 -97
3. *Date of Birth,* 1629 N. Spring
4. *Place of Birth, (Street and Number)* Elizabeth Amspacher
5. *Full Name of Mother,* " Trump
6. *Mother's Maiden Name,* York Co.
7. *Mother's Birthplace,* Alphus W. Amspacher
8. *Full Name of Father,* Teamster
9. *Father's Occupation* York Co.
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr G. W. Ke

Address, 708 E

Remarks, Per

8 9 7 0 0 0 7 8 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...ing, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236.]

RETURN OF A BIRTH.

87836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) male Child

2. Race or Color, (if not of the white race) White race

3. Date of Birth, Nov. 27th 1897.

4. Place of Birth, (Street and Number) 2126 Vine St Baltimore Md.

5. Full Name of Mother, Alice F Ruppert.

6. Mother's Maiden Name, Alice F. Rudolf.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John M. Rudolf.

9. Father's Occupation Baker

10. Father's Birthplace, Wurtemburg Germany

Name of Medical Attendant, or other person who makes this Return, Miss Nora Gill.

Address,

Remarks,

8 9 7 0 0 0 7 8 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall furnish to the Registrar of Vital Statistics, to be furnished by the Commissioner of Health,

84837

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) six

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Novbr 27/99
4. Place of Birth, (Street and Number) 125 W. Camden St.
5. Full Name of Mother, Bernhardine Auer
6. Mother's Maiden Name, Bernhardine Kurrelmeier
7. Mother's Birthplace, Osnabrück Germany
8. Full Name of Father, William Auer
9. Father's Occupation Waiter
10. Father's Birthplace, Welschingen, Baden, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 Cross Street

Remarks,

8970007834

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87838

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th 2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 27th November
4. *Place of Birth, (Street and Number)*	411 Monument
5. *Full Name of Mother,*	Mary Jessie
6. *Mother's Maiden Name,*	Mary Glynn
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Jessie
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Ch Lauer
Address,	No 1059 Harford Ave
Remarks,	Bal. Md.

8 7 1 0 0 7 8 8 3 7

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur, shall keep a true and correct register of such births, and shall enter therein a birth schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, date and place of birth; and the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

FORM 1236].

[illegible] shall keep a true and correct [illegible] shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 27
4. *Place of Birth, (Street and Number)* S. Bond St. 833
5. *Full Name of Mother,* Helena Vinglevič
6. *Mother's Maiden Name,* Japalovič
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Joseph Vinglevič
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole.

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 833 S. Bond St.

Remarks,

8970007836

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 84840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 27 1892
4. *Place of Birth, (Street and Number)* No 401 N. Fredrick Rd
5. *Full Name of Mother,* Ella Mills
6. *Mother's Maiden Name,* Archer
7. *Mother's Birthplace,* Howard Co
8. *Full Name of Father,* George Smith
9. *Father's Occupation* Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Alice Blum

Address, Colver & Dorsey Lane

Remarks,

18970007837

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

87841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 27th 1897
4. *Place of Birth, (Street and Number)* # 1728 Alice Anna
5. *Full Name of Mother,* Agnes Weber.
6. *Mother's Maiden Name,* Agnes Weller.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Weber.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Annie Grotenrod.

Address, # 1710 Alice Anna St

Remarks, None

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

0 7 7 0 0 0 7 0 3 3

RETURN OF A BIRTH. 87842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov. 27
4. Place of Birth, (Street and Number) 920 Leadenhall St.
5. Full Name of Mother, Bessie Williams
6. Mother's Maiden Name, " Hurbert
7. Mother's Birthplace, Frederick Md.
8. Full Name of Father, Henry Williams
9. Father's Occupation, Private Messenger
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Hannah Hatchett

Address, 609 Campbell St.

Remarks,

1897000 7839

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

87843

[Form 1336]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 27, 1892
4. *Place of Birth, (Street and Number)* Co Stafford & Leeds
5. *Full Name of Mother,* Christiana Leithauser
6. *Mother's Maiden Name,* Christiana Haas
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Leithauser
9. *Father's Occupation* Store
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Elisebeth White

Address, Hoffmans Lane

Remarks,

1897 0007840

Wm. J. C.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 27. 1897. ~~Baltimore~~
4. *Place of Birth, (Street and Number)* 1141 Hull St
5. *Full Name of Mother,* Geppe Pul
6. *Mother's Maiden Name,* Geppe Brown
7. *Mother's Birthplace,* Holland
8. *Full Name of Father,* August Brown
9. *Father's Occupation* Stevedore
10. *Father's Birthplace,* Germaney

Name of Medical Attendant, or other person who makes this Return, Mrs Ettel

Address, No 1619 Cuba St

Remarks,

8970007841

Wm. J. C. Dulany Co., City Printers and Stationers

[illegible] shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 27 1897
4. *Place of Birth, (Street and Number)* ~~1052~~ 1052 Haubert St
5. *Full Name of Mother,* Mrs Sarah Thomas
6. *Mother's Maiden Name,* Sarah Jones
7. *Mother's Birthplace,* Wales. England
8. *Full Name of Father,* Daniel Thomas
9. *Father's Occupation* Tin Worker
10. *Father's Birthplace,* Wales England

Name of Medical Attendant, or other person who makes this Return, Anne O'Connor

Address, 1112 Haubert St City

Remarks,

8 9 7 0 0 0 7 8 4 2

Each conflicted its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Nov. 27 '91.
4. Place of Birth, (Street and Number) Md. Genl. Hosp.
5. Full Name of Mother, Rebecca Butler.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph McKay.
9. Father's Occupation Lab.
10. Father's Birthplace, Scotland.

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, Md Genl Hosp

Remarks,

8 9 7 0 0 0 7 8 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 87847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 27th 1897.
4. *Place of Birth, (Street and Number)* # 2619 Eastern Ave. Balto.
5. *Full Name of Mother,* Katie Lettow.
6. *Mother's Maiden Name,* Katie Weil.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ludwig Lettow.
9. *Father's Occupation* Steamfitter.
10. *Father's Birthplace,* Europe.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary A Taylor

Address, # 611 S. Patterson Pk. Ave.

Remarks,

8 9 7 0 0 7 8 4 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

(1336)

RETURN OF A BIRTH. 87848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 6 child 1897
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17 Wagenfus
4. *Place of Birth, (Street and Number)*	1306 Clarkson St
5. *Full Name of Mother,*	Carrie Jane Paul
6. *Mother's Maiden Name,*	Carrie Jane Berger
7. *Mother's Birthplace,*	Pitsburg Pa
8. *Full Name of Father,*	Nicholas Paul
9. *Father's Occupation*	Fireman on B O
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	1828 Light St
Remarks,	Caring Well

1 8 9 7 0 0 0 7 8 4 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 27th 1897
4. *Place of Birth, (Street and Number)* 1817 Oakley St Balt.
5. *Full Name of Mother,* Sarah Breighner
6. *Mother's Maiden Name,* Sarah Groft
7. *Mother's Birthplace,* Adams Co. Pa.
8. *Full Name of Father,* Samuel Breighner
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Strasburg, Va

Name of Medical Attendant, or other person who makes this Return, Amanda Taylor Norris, M.D.

Address, 1123 McCulloh St

Remarks,

8 9 7 0 0 0 7 8 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87851

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 24. 1897
4. Place of Birth, (Street and Number) 2015 Hanover St
5. Full Name of Mother, Pauline Willey
6. Mother's Maiden Name, Pauline Wolf
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry J. Willey
9. Father's Occupation Boiler maker
10. Father's Birthplace, Mount Washington Md

Name of Medical Attendant, or other person who makes this Return, Ellemora A. Anderson

Address, 1434 Patapsco St

Remarks,

8 9 7 0 0 0 7 8 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...this schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[...]36.]

[...] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 29th 1892
4. *Place of Birth, (Street and Number)* #209 S. Madeira St
5. *Full Name of Mother,* Kate L. Wolfe
6. *Mother's Maiden Name,* Kate L. Rieth
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* John Wolfe
9. *Father's Occupation* Steveda
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary C. Perrigoy

Address, #2225 Bank St

Remarks, City

8970007848

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 28. 97
4. Place of Birth, (Street and Number) 422 N. Wolf St
5. Full Name of Mother, Florence Simpson
6. Mother's Maiden Name, " Hausdaffer
7. Mother's Birthplace, Balto City
8. Full Name of Father, Harry C. Simpson
9. Father's Occupation, Painter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Jno H. Pickel

Address, 1312 Ashland ave

Remarks,

8970007849

Wm. J. C. Dulany Co., City Print...

RETURN OF A BIRTH.

87534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 28 1897
4. *Place of Birth, (Street and Number)*	1110 Cookesie St
5. *Full Name of Mother,*	Celia M Duffy
6. *Mother's Maiden Name,*	Celia M Mahen
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michael Duffy
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Ethel
Address,	1619 Eutaw St
Remarks,	

1897 U 007850

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday November 28th /91
4. *Place of Birth, (Street and Number)* Balto City 818 St Peter
5. *Full Name of Mother,* Annie Lang
6. *Mother's Maiden Name,* Annie Langguth
7. *Mother's Birthplace,* Mount Winnans Balto County
8. *Full Name of Father,* August Lang
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Eron St

Remarks,

1 8 9 7 0 0 0 7 8 5 1

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 87856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) pat

1. *Sex, (state whether male or female)* Male –
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 28. 1897 –
4. *Place of Birth, (Street and Number)* 21-47 – Brunt St
5. *Full Name of Mother,* Lenie Small –
6. *Mother's Maiden Name,* – Roberts
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* William Small –
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Wm & Hawkins

Address, 509 W Saratoga St

Remarks,

8 9 7 0 0 0 7 8 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 84857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5th.

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) Negro
3. *Date of Birth,* Nov. 28th, 1897
4. *Place of Birth,* (*Street and Number*) 1731 Orleans St.
5. *Full Name of Mother,* Lottie Pindell
6. *Mother's Maiden Name,* Lottie Edwards
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* George Pindell
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Philadelphia, Pa.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M. D.

Address, Johns Hopkins Hosp.,
Baltimore Md.

Remarks,

8 4 7 U 0 0 7 8 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

87838

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Geraldine McQuade

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 28th 1897
4. Place of Birth, (Street and Number) 1626 E. Townsend St.
5. Full Name of Mother, Henrietta McQuade ~~(McQuade)~~
6. Mother's Maiden Name, " Morrison
7. Mother's Birthplace, Virginia
8. Full Name of Father, Frank McQuade ~~(McQuade)~~
9. Father's Occupation Postman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Jeppenis Buck

Address, 1051 Augusta St.

Remarks, CERTIFICATE CORRECTED 3-18-53

8 9 7 0 0 0 7 8 5 4

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1286

GIVEN NAME ADDED 2-26-59

87859

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Annie Martha ——— Hamilton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, November 28 1897
4. Place of Birth, (Street and Number) No 19 Carroll Ave Balto City
5. Full Name of Mother, Sarah J McF Hughes
6. Mother's Maiden Name, Sarah J McF Hughes
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John A Hamilton
9. Father's Occupation Fireman
10. Father's Birthplace, Bath County Va

Name of Medical Attendant, or other person who makes this Return, Elizabeth Whicks

Address, Hoffman Lane

Remarks,

8970007855

Wm. J. C. Dulany Co., City Printers and Stationers.

shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1230.]

RETURN OF A BIRTH. 87860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 22 — 1897
4. *Place of Birth, (Street and Number)* 1021 Eastern Ave.
5. *Full Name of Mother,* Elisabeth Finly
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Frank Finly
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

897U007856

Wm. J. C. Dulany Co., City Printers and Stationers.

smith schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6.]

87861

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 3.18.54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elizabeth ~~Bertha~~ Toelle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov ~~28~~ 27th 1897
4. Place of Birth, (Street and Number) No: 30 Marriott St
5. Full Name of Mother, Annie C Toelle
6. Mother's Maiden Name, Annie C Goeckel
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank R Toelle
9. Father's Occupation Black-smith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Frederick Ave

Remarks,

1897000 7857

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

RETURN OF A BIRTH. 87862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child 1897
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28 November
4. *Place of Birth, (Street and Number)*	1408 Patapsco St
5. *Full Name of Mother,*	Maggie Kupfer
6. *Mother's Maiden Name,*	Maggie Shiler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Albert Kupfer
9. *Father's Occupation*	Cabinetmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elza Brooks
Address,	1828 Light St
Remarks,	Daing Mill

1897000078588

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Nov. 28 '97
4. *Place of Birth, (Street and Number)* 232 Eutaw Court
5. *Full Name of Mother,* Sarah Jacobs
6. *Mother's Maiden Name,* " Clark
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Lewis Jacobs
9. *Father's Occupation* Lab.
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md Gen Hosp

Remarks,

1897 0007859

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87864

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sunday, Nov. 28th 1897
4. *Place of Birth, (Street and Number)*	Baltimore No. 447 Pinkney Place
5. *Full Name of Mother,*	Mary Nertney
6. *Mother's Maiden Name,*	Mary Manahan
7. *Mother's Birthplace,*	Frederick, Maryland.
8. *Full Name of Father,*	James William Nertney
9. *Father's Occupation*	Candy Maker.
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Martha Griffin
Address,	1514 Windsor ave. Baltimore
Remarks,	

8 7 0 0 0 7 8 6 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become and within the period above required, and child to report the birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov-28-1897
4. *Place of Birth, (Street and Number)* 808 W Lombard
5. *Full Name of Mother,* Rosa Elizabeth Edwards
6. *Mother's Maiden Name,* Rosa Elizabeth Donohoe
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Richard J. Edwards
9. *Father's Occupation* Collector
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, D. J. Long

Address, 115 W Lombard

Remarks,

8970007861

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First White

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 28/97.
4. Place of Birth, (Street and Number) 113 Reese st. North
5. Full Name of Mother, Mary Elizabeth Justus
6. Mother's Maiden Name, Mary Elizabeth Mackfield
7. Mother's Birthplace, Fork Balto Co Md.
8. Full Name of Father, Wm Edward Justus
9. Father's Occupation Clerk
10. Father's Birthplace, Mt. Washington Balto Co Md.

Name of Medical Attendant, or other person who makes this Return, Jas Father Griffin

Address, #29 Reese st Balto Md

Remarks,

8 9 7 0 0 0 7 8 6 2

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

286.]

RETURN OF A BIRTH. 87867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Nov 25th 1897
4. Place of Birth, (Street and Number) # 223 Pulaski St
5. Full Name of Mother, Mrs. Lydia Scheuffle
6. Mother's Maiden Name, Miss " Smith
7. Mother's Birthplace, Balto City
8. Full Name of Father, George Scheuffle
9. Father's Occupation Printer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs. Hillert

Address, # 2008 McH Henry St

Remarks,

8970007863

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 87868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 28th 1897
4. *Place of Birth, (Street and Number)* 459 S Eden Street
5. *Full Name of Mother,* Caroline Ruck
6. *Mother's Maiden Name,* Caroline Miller
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Christian Ruck
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Lenz Midwife

Address, 1539 Aliceanna St

Remarks,

8 9 7 0 0 7 8 6 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 9-9-57 [illegible] ADDED 6-6-57

87869

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

David Sause

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 28, 1897
4. Place of Birth, (Street and Number) 3100 Fait Ave.
5. Full Name of Mother, Elizabeth Sause
6. Mother's Maiden Name, Elizabeth ~~[illegible]~~ Peters
7. Mother's Birthplace, Germany
8. Full Name of Father, John ~~Jacob~~ Sause
9. Father's Occupation Grocer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary L. Lovayne

Address, 824 S. Canton St.

Remarks,

8970007865

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-22-56

RETURN OF A BIRTH.

87870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Bruce Wilson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 28th 1847
4. Place of Birth, (Street and Number) 407 N. Bridle St.
5. Full Name of Mother, Bessie Wilson
6. Mother's Maiden Name, Bruce
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John B. Wilson
9. Father's Occupation Minister of the Gospel
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return, John Neff M.D.

Address, 704 N. Carrollton Ave

Remarks,

8 4 7 0 0 0 7 8 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov. 29 – 97
4. Place of Birth, (Street and Number)	526 W. Fayette
5. Full Name of Mother,	Minnie Rhein Ruth
6. Mother's Maiden Name,	~~E~~ Md –
7. Mother's Birthplace,	Chas W Rhine
8. Full Name of Father,	Ex fireman
9. Father's Occupation	Balto
10. Father's Birthplace,	Chas H Bubert
Name of Medical Attendant, or other person who makes this Return,	
Address,	
Remarks,	8 9 7 0 0 0 7 8 6 7

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 29 47
4. Place of Birth, (Street and Number) 1103 Fidler St
5. Full Name of Mother, Anna E. Peter
6. Mother's Maiden Name, Anna E. Ochse
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Louis Peter
9. Father's Occupation House Carpenter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Wm Barge

Address, 711 Cross St.

Remarks,

8 9 7 0 0 0 7 8 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 82878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 29 of November.
4. Place of Birth, (Street and Number) 504 Cannon St.
5. Full Name of Mother, Mary Abendschein.
6. Mother's Maiden Name, Roeder.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Abendschein.
9. Father's Occupation Labeln.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss.

Address, 613 s. port Street.

Remarks,

8 9 7 0 0 0 7 8 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] and occupation of its parents, the date and place of birth; and the [illegible] shall have [illegible] in the form of a certificate between the first and [illegible] in case the birth of any child [illegible] Commissioner of Health. In case the birth of any child [illegible] or should no other person be in [illegible] or shall become the duty of the person or parents of such [illegible] the period above required, and [illegible] in the manner and within the period above required, and [illegible] with the provisions of this section shall be sub- [illegible] as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 87874

GIVEN NAME ADDED 8-4-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marguerite Gerstmyer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 29 1897
4. Place of Birth, (Street and Number) Eastern Ave. 1129
5. Full Name of Mother, Siggie Gerstmyer
6. Mother's Maiden Name, Repka
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Gerstmyer
9. Father's Occupation Bakery Store
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Bell

Address, 838 S. Bond St.

Remarks, File 1897

8 9 7 U 0 0 7 8 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)*
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Nov 29th 1897
4. *Place of Birth, (Street and Number)* 503 W. Lafayette Ave
5. *Full Name of Mother,* Agnes J. Brandmiller
6. *Mother's Maiden Name,* J. Knecht
7. *Mother's Birthplace,* Balto - Md
8. *Full Name of Father,* Martin J Brandmiller
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Balto - Md

Name of Medical Attendant, or other person who makes this Return. A L Spicer M.D.

Address, 8000 W. Lombard St.

Remarks,

8 9 7 0 0 0 7 8 7 1

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

Please send me a book of birth & other

RETURN OF A BIRTH. 87876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29th of November 97
4. *Place of Birth, (Street and Number)* 2214 Frederick Road
5. *Full Name of Mother,* Gertrude Rückert
6. *Mother's Maiden Name,* Gertrude Bensing,
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Georg W. Rückert
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keidel Midwife

Address, 2116 W Pratt St.

Remarks,

1897 U 0007872

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87877

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fel mail 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Pollard
3. Date of Birth, Nov 29 1897
4. Place of Birth, (Street and Number) P 921 W Saint Sr City
5. Full Name of Mother, Mary Taylor
6. Mother's Maiden Name, Mary Cato
7. Mother's Birthplace, Easton Shore Va
8. Full Name of Father, John Cato
9. Father's Occupation, Gen Labor
10. Father's Birthplace, Easton Shore Va

Name of Medical Attendant, or other person who makes this Return, Mrs Carry Reed

Address, 417 Parrish Alley City

Remarks,

8970007873

Wm J C Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Grew

RETURN OF A BIRTH. 87878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Thelma E. Schutz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 29/97
4. Place of Birth, (Street and Number) 928 Hopkins Ave.
5. Full Name of Mother, Lillie (Schuette) Schutz
6. Mother's Maiden Name, " Lacher
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. B. (Schuette) Schutz
9. Father's Occupation Cutter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 7 8 7 4

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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[illegible] Commissioner of [illegible] the births which have occurred under his or her care during the [illegible] shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 29 1897

4. Place of Birth, (Street and Number) 1903 Division of

5. Full Name of Mother, Ida Wade

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Virginia

8. Full Name of Father, George Wade

9. Father's Occupation Leawyer

10. Father's Birthplace, Washington Dc

Name of Medical Attendant, or other person who makes this Return, W. B. Hawkins

Address, 519 W. Saratoga St

Remarks,

8 9 7 0 0 0 7 8 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29th of November
4. *Place of Birth, (Street and Number)* Baltimore. 913. Penn. Ave
5. *Full Name of Mother,* Elizabeth Urbanski
6. *Mother's Maiden Name,* " " Hedrich.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Wladislaus Urbanski
9. *Father's Occupation* Keep Shoestore.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Dr. McLunta

Address, 23 No Poppleton St

Remarks,

8 9 7 0 0 0 7 3 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87881

GIVEN NAME ADDED 4-24-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Robert Hamilton Penty Second

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... Male

1. *Sex, (state whether male or female)* ..... White

2. *Race or Color, (if not of the white race)* ..... November 29 1897

3. *Date of Birth,* ..... 1505 West Franklin St.

4. *Place of Birth, (Street and Number)* ..... Elizabeth Richardson Penty

5. *Full Name of Mother,* ..... " " Jones

6. *Mother's Maiden Name,* ..... Delaware

7. *Mother's Birthplace,* ..... Charles B. Penty

8. *Full Name of Father,* ..... Salesman

9. *Father's Occupation* ..... City

10. *Father's Birthplace,* ..... Wm. H. Sellman M.D.

Name of Medical Attendant, or other person who makes this Return, ... 5 E. Biddle St.

Address, ...

Remarks, ...

0 9 7 0 0 8 7 8 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 29 1897
4. Place of Birth, (Street and Number) 304 E. 22nd St.
5. Full Name of Mother, Kate E. W. Porter,
6. Mother's Maiden Name, " " Wilde
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, George H. Porter
9. Father's Occupation Book-keeper
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Wm. A. B. Sellman M.D.

Address, 5. E. Biddle St

Remarks,

8 9 7 0 0 0 7 8 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 87888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 29/97
4. Place of Birth, (Street and Number) 704 Warner St.
5. Full Name of Mother, Maggie A. Keeling
6. Mother's Maiden Name, Lindner
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas L. Keeling
9. Father's Occupation Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, H. K. Nehmow M.D.

Address, 723 W. Lombard St.

Remarks, Child was born at about end of 7th month of Gestation. Lived about 7 hours.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 87884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 29th Nov - 97
4. *Place of Birth, (Street and Number)* 1431 Ward Street
5. *Full Name of Mother,* Catherine Marshell
6. *Mother's Maiden Name,* Catherine Matthews
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Joshua Marshell
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Isabella Matthews

Address, No 847 Stockholm Street

Remarks,

8970007880

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. $7886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 2 plt Nov 5
4. Place of Birth, (Street and Number) 83 Stockholm Street
5. Full Name of Mother, Carrie Jennings
6. Mother's Maiden Name, Carrie Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Jenning
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimar

Name of Medical Attendant, or other person who makes this Return, Isabella Athens

Address, No 89 Stockholm Street

Remarks,

8970007881

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 87886

GIVEN NAME ADDED 8-6-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles A. Noel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Monday Nov 29/97
4. *Place of Birth, (Street and Number)* 1315 Calhoun St
5. *Full Name of Mother,* Maggie A Noel
6. *Mother's Maiden Name,* Maggie A Brown
7. *Mother's Birthplace,* Baltimore Co
8. *Full Name of Father,* John A Noel
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Jane Warren

Address, 1424 Bruce St

Remarks, X

8 9 7 0 0 0 7 8 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

GIVEN NAME ADDED 4-15-57

RETURN OF A BIRTH. 87887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Naomi Ruth ~~Bush~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 29, 1891
4. Place of Birth, (Street and Number) 629 N. Dallas st
5. Full Name of Mother, Marthea A Bush
6. Mother's Maiden Name, Marthea A Pinkney
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Wm P Bush
9. Father's Occupation Brickmaker
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Dr A L Gage per A.S.G.

Address, 1539 E Monument

Remarks,

1 8 9 7 0 0 0 7 8 8 3

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 6

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) Colord
3. *Date of Birth,* November the 29 1897
4. *Place of Birth,* (*Street and Number*) west Hurey st No 12
5. *Full Name of Mother,* deller dirrey
6. *Mother's Maiden Name,* deller roberts
7. *Mother's Birthplace,* Pokamake citty
8. *Full Name of Father,* loyed dirrey
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Anerandel County

Name of Medical Attendant, or other person who makes this Return Bridgeit Hunt

Address, No 8 east Hurey st

Remarks, full 9 months.

8 9 7 0 0 0 7 8 8 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 87889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 November 1897
4. *Place of Birth, (Street and Number)* 816 Wolf St
5. *Full Name of Mother,* Mary Patucka
6. *Mother's Maiden Name,* M Skibinska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Welle Skibinski
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 Ann St

Remarks, Baltimore.

8 9 7 0 0 0 7 8 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the midwife in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 29th 1897
4. *Place of Birth, (Street and Number)* 1808 Barclay St
5. *Full Name of Mother,* Mary J. Engle
6. *Mother's Maiden Name,* Mary J. Hafer
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* Wm L. Engle
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Stanford County, Md

Name of Medical Attendant, or other person who makes this Return, Amanda Taylor Norris, M.D.

Address, 1123 McCulloh St

Remarks,

6 7 7 0 0 7 8 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

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336.]

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 29th 1897
4. *Place of Birth, (Street and Number)* 769 W Mulberry St
5. *Full Name of Mother,* Margrette Buckwald
6. *Mother's Maiden Name,* " " Kohler
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Fredack Buckwald
9. *Father's Occupation* Expressman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. Minnie Graf

Address, 827 W Lexington St.

Remarks,

8 9 7 0 0 0 7 3 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[1336]

RETURN OF A BIRTH. 87892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 29. / 5. 20. A. M. /
4. Place of Birth, (Street and Number) 9. W. Montgomery Street
5. Full Name of Mother, Kate Josey Hindman
6. Mother's Maiden Name, Wright.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Charles Benjamin Brooks Hindman
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Keane / for the

Address, Mothers Relief Society / 1412 Eutaw Place

Remarks,

8 9 7 U 0 0 7 8 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 87893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 29
4. *Place of Birth, (Street and Number)* 628 Maher St
5. *Full Name of Mother,* Evelyn Abaud
6. *Mother's Maiden Name,* L. Shipley
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Chas H. Abaud
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, John S Huck

Address, 647 N Lafayette Ave

Remarks,

8 9 7 0 0 0 7 8 8 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 87894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 30 - 1897.
4. *Place of Birth, (Street and Number)* 642 Granville Ave.
5. *Full Name of Mother,* Florence L. Smith
6. *Mother's Maiden Name,* " Crawford
7. *Mother's Birthplace,* Baltimore Co. Md.
8. *Full Name of Father,* Geo L. Smith.
9. *Father's Occupation* Porter at Hotel -
10. *Father's Birthplace,* City -

Name of Medical Attendant, or other person who makes this Return, C. M. Cook, M.D.

Address, 1052 Myrtle Ave.

Remarks,

+ 8 9 7 0 0 0 7 8 9 0

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 30th
4. *Place of Birth, (Street and Number)* Baltimore 1623 Dayton Ave
5. *Full Name of Mother,* Christina Stalk
6. *Mother's Maiden Name,* Christina Beaurich
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andrew Stalk
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Donnelly

Address, No 1635 Walsh Street

Remarks,

8970007891

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health; and the shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 12

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30th of November 97.
4. Place of Birth, (Street and Number) 2112 Prince St
5. Full Name of Mother, Diana Wanke
6. Mother's Maiden Name, Diana Peters
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Wanke
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Reuter Midwife

Address, 216 W. Pratt St

Remarks,

8970007892

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 87897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 st.

1. Sex, (state whether male or female) Carl Heinrich Schlag.
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 30. (1. 35. A. M.)
4. Place of Birth, (Street and Number) ? Eager Street.
5. Full Name of Mother, Louise Schlag
6. Mother's Maiden Name, Rühl
7. Mother's Birthplace, Niederweimar near Giesen - Germany
8. Full Name of Father, Adolf Hermann Schlag,
9. Father's Occupation Baker,
10. Father's Birthplace, Priessnitz - Saxony - Germany

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kanne,

Address, 1412 Gutaw Place.

Remarks See document file Reg. No. A 40592.

1 8 9 7 0 0 E. Weber Reg. May 5-1939

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 30 1897
4. *Place of Birth, (Street and Number)* 326 E 22nd St
5. *Full Name of Mother,* Onie Tall
6. *Mother's Maiden Name,* Broughton
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Otis S Tall
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo Rhaham

Address, 725 Columbia ave

Remarks,

1897000 7894

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 87599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 20th 1897
4. *Place of Birth, (Street and Number)* 2818 Gilmor st
5. *Full Name of Mother,* Mary Catherine Haggerty
6. *Mother's Maiden Name,* Mary Cadden
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Patrick Haggerty
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, S. P. Harrington

Address, 924 Bunnoy st

Remarks, 8970007895

Wm. J. C. Dulany Co., City Printers and Stationers.

said Commissioner of its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

879
87900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 30. 1847
4. *Place of Birth, (Street and Number)* 1903 Pulaski st.
5. *Full Name of Mother,* Mary Eliza Powell
6. *Mother's Maiden Name,* Mary Eliza Huckaber
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Robert Lee Powell
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wm. Grant M. D.

Address, 2104 W. North Avenue.

Remarks,

877 0007896

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 87901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 30th Nov
4. Place of Birth, (Street and Number) 1106 Ashland Ave
5. Full Name of Mother, Mary Brown
6. Mother's Maiden Name, Mary Birk
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Walter Braun
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs. J Birk Midwife

Address, 1917 E Eager St.

Remarks,

87700078997

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87902

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) African

3. *Date of Birth* Nov 30 - 1897

4. *Place of Birth* (Street and Number) Dorsey St, No 314

5. *Full Name of Mother* Anna Maria Ross

6. *Mother's Maiden Name* Hunt

7. *Mother's Birthplace* Calvert County Md

8. *Full Name of Father* Benjamine Ross

9. *Father's Occupation* Seaman

10. *Father's Birthplace* Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return. A. J. Board M D

Address

Remarks

8970007898

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said schedule shall be delivered, duly signed by the practitioner or midwife, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Nov. 21th. 1897.
4. *Place of Birth, (Street and Number)* 1312 S. Castle St. Balto.
5. *Full Name of Mother,* Vena Green
6. *Mother's Maiden Name,* Vena Marshall.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Green.
9. *Father's Occupation* Labour
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary A. Taylor

Address, 1611 S Patterson Pk. Ave. Balto.

Remarks,

8 9 7 U 0 0 7 8 9 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

87904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 30th 1897
4. Place of Birth, (Street and Number) 1416 Clarkson St City
5. Full Name of Mother, Catherine Roman
6. Mother's Maiden Name, Catherine Francis Boland
7. Mother's Birthplace, Elmira N.Y.
8. Full Name of Father, John W. Roman
9. Father's Occupation, Marble Cutter
10. Father's Birthplace, Troy Penna

Name of Medical Attendant, or other person who makes this Return, Chas. E. Dennis M.D.

Address, 405 N. Greene St.

Remarks,

1897 00007900

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. $7905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* — — —
3. *Date of Birth,* November 30/97
4. *Place of Birth, (Street and Number)* Baltimore Md. # 950 Hollins St
5. *Full Name of Mother,* Sarah C. Hevey
6. *Mother's Maiden Name,* Sarah C. Sweeney
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* James J. Hevey
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Wexford Co. Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Hunter

Address, 23 N. Population St

Remarks,

8970007901

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, in case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 30th 1907
4. *Place of Birth, (Street and Number)* 1965 Montrose St
5. *Full Name of Mother,* Julia May Bailey
6. *Mother's Maiden Name,* Julia May Burkett
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William J Bailey
9. *Father's Occupation* News Paper Compositor
10. *Father's Birthplace,* New York City

Name of Medical Attendant, or other person who makes this Return, Jas. C. McElwaine M.D.

Address, 1919 West Fayette

Remarks,

8 7 7 U 0 0 7 9 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

3.]

RETURN OF A BIRTH. 87907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 30th 1897
4. *Place of Birth, (Street and Number)* 227 N. Fayette St
5. *Full Name of Mother,* Jennie Stein
6. *Mother's Maiden Name,* " " Koenes
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Martin Stein
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Graf

Address, 227 N. Lexington St

Remarks,

1897 0007903

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, Nov 30 '19

4. Place of Birth, (Street and Number) Md Gen Hosp.

5. Full Name of Mother, Mary Richardson

6. Mother's Maiden Name, "

7. Mother's Birthplace, Md.

8. Full Name of Father, Thos Jackson

9. Father's Occupation Lab.

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, Md Gen Hosp

Remarks,

8 9 7 0 0 0 7 9 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 20 97
4. Place of Birth, (Street and Number) 1919 Alice Ann Str.
5. Full Name of Mother, Mary Pleiner
6. Mother's Maiden Name, " Riehle
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph Pleiner
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

18970007905

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 30 97
4. Place of Birth, (Street and Number) 1733 Orleans St.
5. Full Name of Mother, Louisa Filling
6. Mother's Maiden Name, Hausman
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Filling
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer,

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

1 8 9 7 0 0 0 7 9 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...time day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Nov 3/11
4. *Place of Birth, (Street and Number)*	835 Columbia St
5. *Full Name of Mother,*	Mary E Ellecamp
6. *Mother's Maiden Name,*	" " Wilgarten
7. *Mother's Birthplace,*	Cumberland
8. *Full Name of Father,*	Chas A Ellecamp
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mary A Morgan
Address,	412 Scott St
Remarks,	

8 9 7 0 0 0 7 9 0 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 1st 1897
4. Place of Birth, (Street and Number) # 1710 Alice Anna St
5. Full Name of Mother, Louse Schmearman.
6. Mother's Maiden Name, —
7. Mother's Birthplace, Germany
8. Full Name of Father, Peter Schmearman
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, # 1710 Alice Anna St

Remarks, None

8970007908

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 89913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 2 1897
4. *Place of Birth, (Street and Number)* 2026 N. Calvert St
5. *Full Name of Mother,* Maggie Landrum
6. *Mother's Maiden Name,* Ensor
7. *Mother's Birthplace,* Baltimore County, Maryland
8. *Full Name of Father,* Harry Landrum
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, J. W. Sauffle M.D.

Address, 14 E Read St.

Remarks,

8970007909

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 87914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male Raymond A. Feb 20

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 7 Nov

4. *Place of Birth, (Street and Number)* 15 Orleans St

5. *Full Name of Mother,* Fannie Seitz

6. *Mother's Maiden Name,* " Harbaugh

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Albert Seitz

9. *Father's Occupation* Potter

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs R. Illig

Address, 1302 E Lexington St

Remarks,

8 9 7 0 0 0 7 9 1 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87915

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Nov. 7. 97
4. *Place of Birth, (Street and Number)* 1800 Fairmount Ave.
5. *Full Name of Mother,* Mrs. Ella Theresa Veary McHugh
6. *Mother's Maiden Name,* Miss " " Veary
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Joseph McHugh
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, G. G. Rusk M.D.

Address, 3000 E. Baltimore

Remarks, High forceps delivery

8970007911

Wm. J. C. Dulany Co., City Printers and Stationers.

...schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 10
4. Place of Birth, (Street and Number) 1508 Park Ave
5. Full Name of Mother, Margaret.
6. Mother's Maiden Name, Margaret
7. Mother's Birthplace, New York
8. Full Name of Father, Chas L Bermingham
9. Father's Occupation Manager. S S Ry & C.
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Edwin Jees.

Address,

Remarks,

8 9 7 0 0 0 7 9 1 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

A certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 87917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* Nov 12 1907.
4. *Place of Birth, (Street and Number)* 621 Gilbert St
5. *Full Name of Mother,* Maria Gannon
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* St Mary's Co Md.
8. *Full Name of Father,* Jas. H. Gannon
9. *Father's Occupation* Cashier
10. *Father's Birthplace,* Balte

Name of Medical Attendant, or other person who makes this Return, J. T. Monroe Chas

Address, 939 W Fayette St

Remarks,

8 9 7 0 0 0 7 9 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 87918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13 Nov
4. *Place of Birth, (Street and Number)* 1502 E Balto St
5. *Full Name of Mother,* Annie Abercrombie Brooks
6. *Mother's Maiden Name,* Abercrombie
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Samuel Brooks
9. *Father's Occupation* Spiritulist
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R. Ulbig

Address, 1302 E Lexington St

Remarks,

8970007914

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH.

87919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White race.
3. *Date of Birth,* November 14, 1897
4. *Place of Birth, (Street and Number)* 702 N Payson street
5. *Full Name of Mother,* Annie Corkran
6. *Mother's Maiden Name,* Annie L. Ogdon
7. *Mother's Birthplace,* West Point Virginia
8. *Full Name of Father,* Vernon Corkran
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, M. H. Gwynn M.D.

Address, 538 Arlington ave.

Remarks,

8970007915

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 87920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 15 Nov
4. Place of Birth, (Street and Number) 897 Asquith St
5. Full Name of Mother, Bessie Mitnick
6. Mother's Maiden Name, Schrieber
7. Mother's Birthplace, England
8. Full Name of Father, Jacob Mitnick
9. Father's Occupation Lawyer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. R Ulbig

Address, 1302 E Lexington St

Remarks,

8 9 7 0 0 0 7 9 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 7. 1897

4. Place of Birth, (Street and Number) 627 Ensor st.

5. Full Name of Mother, Gertrude F. Busch

6. Mother's Maiden Name, " " Waidhamer

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Chas. E. Busch

9. Father's Occupation Shipping Clerk

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, G. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

8 7 7 U 0 0 7 9 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health; and the shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87922

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male Carroll L.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 5. 1897
4. Place of Birth, (Street and Number) 1516 N. Bond St.
5. Full Name of Mother, Ella Forman
6. Mother's Maiden Name, " Krug
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Harry J. Forman
9. Father's Occupation Builder
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, G. A. Hartman M.D.

Address, 1121 N. Martin St.

Remarks,

8 7 7 0 0 0 7 9 1 8

A.D.S. 5/17/20

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Margaret Rosalie Ely

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 7. 1897
4. Place of Birth, (Street and Number) 113 S. Washington St.
5. Full Name of Mother, Fannie E. Ely
6. Mother's Maiden Name, " " French
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Ulysses G. Ely
9. Father's Occupation Captain of Dredge
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, G. A. Hartman Md.

Address, 1121 N Caroline St.

Remarks,

8970007919

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 9. 1897
4. *Place of Birth, (Street and Number)* 1001 E. Preston St.
5. *Full Name of Mother,* Anna Gertrude Johnson
6. *Mother's Maiden Name,* " " Russell
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Harry Johnson
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return, F. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

18970007920

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

~~[illegible]~~ 87925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* Mary [illegible] Feibold
6. *Mother's Maiden Name,* Mary [illegible]
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George [illegible] Feibold
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, [illegible]

897U007921

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Duiany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

87926

CERTIFICATE CORRECTED 2-18-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John ~~James~~ Burns

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Nov. 17. 97
4. Place of Birth, (Street and Number) 215 S. Castle St.
5. Full Name of Mother, Wm. Mary Anne Heavold (~~Byrne~~) Burns
6. Mother's Maiden Name, Wm. " " Heavold
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, John F. (~~Byrne~~) Burns
9. Father's Occupation Copper Smith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, G. G. Rink Jr. Ld.

Address, 2000 E. Baltimore

Remarks, Forceps delivery

8970007922

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov. 21st 1897
4. *Place of Birth, (Street and Number)* 805 Eastern Ave.
5. *Full Name of Mother,* Mary Perna
6. *Mother's Maiden Name,* J Palmisano
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Luigi Perna
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 1228 S. Exeter st.

Remarks,

18970007923

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87928

RETURN OF A BIRTH.

GIVEN NAME ADDED 9-14-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Maggie Watts

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 23 # 1897
4. Place of Birth, (Street and Number) Balto City 1230 West pratt St
5. Full Name of Mother, Clara B Watts
6. Mother's Maiden Name, Clara B. Thomas
7. Mother's Birthplace, Balto City
8. Full Name of Father, Edgar P. Watts
9. Father's Occupation, Painter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Elizabeth A Thomas

Address, 1242 West pratt St

Remarks,

18970007924

Wm J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. (Twin)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 23. 1897
4. Place of Birth, (Street and Number) 1505 N Caroline St.
5. Full Name of Mother, Florence Wells Macaulley
6. Mother's Maiden Name, " Wells
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Wm. Hunt Macaulley
9. Father's Occupation Fire Ins. Solicitor
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Jos A Hartman M.D.

Address, 1121 N. Caroline St

Remarks,

87700087925

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87930

RETURN OF A BIRTH.

GIVEN NAME ADDED 4-6-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lottie Jacobs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 26th 1897
4. Place of Birth, (Street and Number) 1119 E. Fayette St.
5. Full Name of Mother, Lina Jacobs
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Salomon Jacobs
9. Father's Occupation
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970007926

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 26th 1897
4. *Place of Birth, (Street and Number)* N.E. cor. Stiles & President st
5. *Full Name of Mother,* Eleanor Beebles
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Wenzelaus Beebles
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8 9 7 0 0 0 7 9 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

87902

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 26th 1897
4. Place of Birth, (Street and Number) 733 W. Saratoga st.
5. Full Name of Mother, Henrietta Cohn
6. Mother's Maiden Name,
7. Mother's Birthplace, ~~Europe~~ New York
8. Full Name of Father, Isidor Cohn
9. Father's Occupation Merchant
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970007928

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87933

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~) 2

1. *Sex, (state whether male ~~or female~~)* Male
2. *Race or Color, ~~(if not of the white race)~~* Colored
3. *Date of Birth,* 27 Nov 1887 at 5 minutes Past 2 o'clock A.M.
4. *Place of Birth, (Street and Number)* 206 South Spring street
5. *Full Name of Mother,* Lelia garrett
6. *Mother's Maiden Name,* ---
7. *Mother's Birthplace,* Halifax County V a
8. *Full Name of Father,* Frank Nodey
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Richmond V.a.

Name of Medical Attendant, or other person who makes this Return, Josephine Amos-Cooper

Address, 920 Shuter street

Remarks, Mother and son they both are well

Balto. City, M.d

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87934

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 25. 1897

4. Place of Birth, (Street and Number) 400 (X) 2nd Ave.

5. Full Name of Mother, Rosanna A. Ryan

6. Mother's Maiden Name, " " Callahan

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, John Howard Ryan

9. Father's Occupation Back Keeper

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. A Hartman M.D.

Address, 1121 N Caroline St.

Remarks,

B 4700079 30

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87935

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 30. 1897
4. Place of Birth, (Street and Number) 1909 McElderry St.
5. Full Name of Mother, Mary Ellen Snyder
6. Mother's Maiden Name, " " Schaeffer
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Clarence Shannon Snyder
9. Father's Occupation Meter Maker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

8 9 7 0 0 0 7 9 3 1

[illegible] and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become child to report its birth to the Commissioner of Health, in the manner any such person or persons who shall hereafter fail to comply with jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87936

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Nov 8.
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Mamie A Ward
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Cumberland Md
8. *Full Name of Father,* "
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, Jas. D. Love

Address, 622 W Lombard

Remarks,

8 9 7 0 0 0 7 9 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

87937

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) C
3. Date of Birth, Nov 8th
4. Place of Birth, (Street and Number) 752 Bradley St.
5. Full Name of Mother, Julia Brown
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. M. Allen MD

Address, 622 W. Lombard

Remarks,

1897000-913

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore [illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87938

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Nov. 9th 1897
4. Place of Birth, (Street and Number) 218 Central Ave
5. Full Name of Mother, Bertha Bacon
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Unmarried
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Lindsay Peter M.D.

Address, Johns Hopkins Hospital Baltimore Md.

Remarks,

8 7 7 0 0 7 9 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 9th. 1897.
4. *Place of Birth, (Street and Number)* Maternité – 115½ N. Lombard.
5. *Full Name of Mother,* Annie Cross
6. *Mother's Maiden Name,* Annie Cross
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, E. Boeynton, M.D. 115 N. Lombard St.

Address,

Remarks,

8970007935

Wm. J. C. Dulany Co., City Printers and Stationers.

...office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH.

~~87614~~
87940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 November 1897
4. Place of Birth, (Street and Number) 716 Ann St
5. Full Name of Mother, Sire Knach
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 Ann St

Remarks, Baltimore

1897000 7936

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Nov 13th
4. *Place of Birth, (Street and Number)*	325 Catalan Court
5. *Full Name of Mother,*	Fannie Griffin
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M Allen M.D.
Address,	622 W. Lombard.
Remarks,	

8 9 7 0 0 0 7 9 3 7

shall occur without the attendance of a physician or practitioner of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

~~87617~~
87942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Nov. 13 '97.
4. *Place of Birth, (Street and Number)* Md. Genl Hosp.
5. *Full Name of Mother,* Bertha Turner.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* "
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, Md. Genl Hosp.

Remarks,

8 9 7 0 0 0 7 9 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* November 14th 1897
4. *Place of Birth, (Street and Number)* Maternite - 115 N. Lombard St.
5. *Full Name of Mother,* Hattie Watson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, E. Baynton, M.D.

Address, 115 N. Lombard St.

Remarks,

8970007939

Wm. J. C. Dulany Co., City Printers and Stationers.

...office of the Commissioner of Health, in the form of a certificate between the first and ...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...third day of each and every month

879444

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C.
3. *Date of Birth,* Nov 14th
4. *Place of Birth, (Street and Number)* 209 S. High St
5. *Full Name of Mother,* Julia Workenas.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,* L. M. Allen M.D.

Name of Medical Attendant, or other person who makes this Return, 622 W. Lombard

Address,

Remarks,

8970007940

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87945

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, Nov 14 '97

4. Place of Birth, (Street and Number) Md Gen Hosp

5. Full Name of Mother, Alice Watkins

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md Gen Hosp

Remarks,

8970007941

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

~~87644~~
87916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Nov 16 1897
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Bessie Phelan
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto.
8. Full Name of Father, ?
9. Father's Occupation, "
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D. Love

Address, 622 W Lombard

Remarks,

8970007942

Wm. J. C. Dulany Co., City Printers and Stationers.

87947

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Nov 17
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Rose Eyler
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jas. D. Love

Address, 622 W Lombard

Remarks,

8 9 7 0 0 0 7 9 4 3

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, November 17th 1897
4. Place of Birth, (Street and Number) Maternité – 115 W. Lombard St.
5. Full Name of Mother, Alcinda Fallen
6. Mother's Maiden Name, Alcinda Fallen
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, E. Baeyton M.D.

Address, 115 W. Lombard St.

Remarks,

8970007944

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* C

3. *Date of Birth,* Nov 19th

4. *Place of Birth, (Street and Number)* 829 Boyd St

5. *Full Name of Mother,* Alice Hawkins

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 632 W Lombard

Remarks,

8970007945

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Nov 19th
4. *Place of Birth, (Street and Number)* 609 Wayne St
5. *Full Name of Mother,* Ella Price
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W. Lombard.

Remarks,

8970007946

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

~~87696~~
87904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) C

3. Date of Birth, Nov. 20th

4. Place of Birth, (Street and Number) 1033 Pine St

5. Full Name of Mother, Lizzie Greene

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. M. Allen MD

Address, 622 W. Lombard

Remarks,

8 9 7 0 0 0 7 9 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

practitioner in the form of a certificate between the first and the Commissioner of Health. In case the birth of any child or practitioner of midwifery, or should no other person be in after it shall become the duty of the person or parents of such edith, in the manner and within the period above required, and fail to comply with the provisions of this section shall be sub- e, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Co shall occur without the attendance of a physician or pra attendance upon the mother, immediately thereafter it child to report its birth to the Commissioner of Health, i any such person or persons who shall hereafter fail to c jected to the fine of ten (10) dollars for each offence, to be

87952

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Nov 20th
4. *Place of Birth, (Street and Number)* 411 Hamburg St
5. *Full Name of Mother,* Martha Conaway
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen MD.

Address, 622 W. Lombard

Remarks,

8 9 7 0 0 0 7 9 4 8

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Nov 20
4. *Place of Birth, (Street and Number)* 622 W. Lombard
5. *Full Name of Mother,* Edith Lowry
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Balto. Co
8. *Full Name of Father,* "
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Jas. D. Love

Address, 622 W Lombard

Remarks,

8 4 7 0 0 0 7 9 4 9

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

~~87725~~
87964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, Nov. 21 st. 1897.

4. Place of Birth, (Street and Number) 1413 Ashland Ave.

5. Full Name of Mother, Cora Sharp

6. Mother's Maiden Name, Cora Sharp

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Unmarried

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hospital,

Remarks, Baltimore, Md.

8970007950

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White - American

3. *Date of Birth,* November 22nd 1897

4. *Place of Birth, (Street and Number)* Maternité - 115 W Lombard St

5. *Full Name of Mother,* Mary Gallagher

6. *Mother's Maiden Name,* Mary Gallagher

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* Unknown

9. *Father's Occupation* "

10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, E. Covington M.D.

Address, 115 W Lombard St.

Remarks,

8970007951

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

~~9760~~
8796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6th.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* November 25th 1897
4. *Place of Birth, (Street and Number)* Maternité 115 N Lombard
5. *Full Name of Mother,* Lattie Grooms
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, E L Dayton M.D.

Address, 115 N Lombard St

Remarks,

18970007952

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

87767

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, November 23rd. 1897

4. Place of Birth, (Street and Number) Maternité - 115 N. Lombard St.

5. Full Name of Mother, Minnie Johnson

6. Mother's Maiden Name, Minnie Johnson

7. Mother's Birthplace, Virginia

8. Full Name of Father, Unknown

9. Father's Occupation "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, E. Dorsey M.D.

Address, 110 N. Lombard

Remarks,

8970007953

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and in the manner and within the period above required, to report its birth to the Commissioner of Health, in the manner child to person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White-American

3. Date of Birth, November 23rd. 1897

4. Place of Birth, (Street and Number) Maternite- 115 N. Lombard St.

5. Full Name of Mother, Ellen Turner

6. Mother's Maiden Name, Ellen Turner

7. Mother's Birthplace, Maryland

8. Full Name of Father, Unknown

9. Father's Occupation " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, E. Baeyertz M.D. 115 N. Lombard St.

Address,

Remarks,

8970007954

Wm. J. C. Dulany Co., City Printers and Stationers.

...of a certificate between the first and ... Commissioner of Health. In case the birth of any child ... practitioner of midwifery, or should no other person be in ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Nov. 23d
4. *Place of Birth, (Street and Number)* 806 W. Pratt St.
5. *Full Name of Mother,* Maggie Kenny
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. E. M. Allen M.D.

Address, 622 W. Lombard

Remarks,

8970007955

Wm. J. C. Dulany Co., City Printers and Stationers.

87960

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Nov 23rd
4. *Place of Birth, (Street and Number)* 621 Cider Alley
5. *Full Name of Mother,* Octavia Jones
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen MD

Address, 622 W. Lombard

Remarks,

8 9 7 0 0 0 7 9 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

~~87957~~
87961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Nov 26th
4. *Place of Birth, (Street and Number)* 21 Hughes St
5. *Full Name of Mother,* Lena Page
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W. Lombard

Remarks,

8970007957

Wm. J. C. Dulany Co., City Printers and Stationers.

236]

RETURN OF A BIRTH. ~~87808~~ 87962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 of November.
4. *Place of Birth, (Street and Number)* 616 Cannon. St.
5. *Full Name of Mother,* Mary Mk. Cord.
6. *Mother's Maiden Name,* she is single.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, Mrs. Weiss (Behnken)

Address, 613 s. port St.

Remarks,

8 9 7 0 0 0 7 9 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 27
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Mary Griffin
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace.*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jas. D. Lowe

Address, 622 W Lombard

Remarks,

8970007959

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 27th 1897
4. Place of Birth, (Street and Number) 617 Kirby Lane City
5. Full Name of Mother, Louisa Walters
6. Mother's Maiden Name,
7. Mother's Birthplace, Illegitimate Child
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Rev. E. Dennis M.D.

Address, 405 N. Grane St

Remarks,

8 9 7 0 0 0 7 9 6 0

Wm J. C. Dulany Co., City Printers and Stationers.

Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 27th 1897
4. *Place of Birth, (Street and Number)* 1500 N Gay st
5. *Full Name of Mother,* Caroline Prontel not Married
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1600 N. Wolfe st

Remarks,

8970007961

Wm. J. C. Dulany Co., City Printers and Stationers.

...ay of each and every month to the office of the Commissioner of Health, and the shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87966

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 27
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Alberta Whiting
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* "
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jas. D. Lowe
622 W Lombard

Address,

Remarks,

8970007962

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* American – White –
3. *Date of Birth,* November 27th 1897
4. *Place of Birth, (Street and Number)* Maternité – 115 W. Lombard St.
5. *Full Name of Mother,* Susan Cochron
6. *Mother's Maiden Name,* Susan Cochron
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, E. Boynton M.D.

Address, 115 W. Lombard St.

Remarks,

8970007963

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

~~87864~~
87968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Nov-28-1897
4. Place of Birth, (Street and Number) 25-9 Bruce St-
5. Full Name of Mother, Emma Gardiner
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, D. J. Long

Address, 1115 W. Lombard

Remarks,

8 y 7 0 0 0 7 9 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6-th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 29
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Mary Anderson
6. *Mother's Maiden Name,* Z
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jas. D Love

Address, 622 W Lombard

Remarks,

8970007965

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White - American

3. Date of Birth, November 25, 1897

4. Place of Birth, (Street and Number) 1633 N Bend St

5. Full Name of Mother, Lillian Spears

6. Mother's Maiden Name, Lillian Murdoch.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Jno R. Spears

9. Father's Occupation, Clerk -

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return J. F. Markey

Address, 1701 N Caroline St

Remarks, —

8 9 7 0 0 0 7 9 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2d

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, November 1st 1897
4. *Place of Birth*, (*Street and Number*) Beech Ave, 2203
5. *Full Name of Mother*, Marie Louise Wilson
6. *Mother's Maiden Name*, Rouceret
7. *Mother's Birthplace*, Dourdan, Seine-et-Oise, France
8. *Full Name of Father*, Richard Henry Wilson
9. *Father's Occupation*, teacher
10. *Father's Birthplace*, Christian County, Kentucky

Name of Medical Attendant, or other person who makes this Return. J. Whitridge Williams M.D. Phila.

Address,

Remarks,

8 4 7 0 0 0 7 9 6 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

the Commissioner of Health. In case the birth of any child or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

87973

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female (Beulah Mae Andrews)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 2/97
4. Place of Birth, (Street and Number) 29 E. Hill St.
5. Full Name of Mother, Rina N Andrews.
6. Mother's Maiden Name, " " Cunningham
7. Mother's Birthplace, Summerset Co Md
8. Full Name of Father, Fredrick A. Andrews.
9. Father's Occupation Stewart
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos McLumphin

Address, 413 S Paca St

Remarks, See document file - under certificate number

Name added 9-3-49 7 0 0 0 7 9 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	November 6 189?
4. *Place of Birth, (Street and Number)*	823 Hunt St
5. *Full Name of Mother,*	Bertha Seehagen
6. *Mother's Maiden Name,*	B. Schmall
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Otto Seehagen
9. *Father's Occupation*	shoe maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Marie E. Praltzitzer
Address,	725 Mulberry Street
Remarks,	

8 9 7 0 0 0 7 9 6 9

Wm. J. C. Dulany Co., City Printers and Stationers

36.]

practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practicioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

delivered, duly signed by the practitioner, the date and place of birth; and the
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 7/97.
4. *Place of Birth, (Street and Number)* 1127 Ridgely St.
5. *Full Name of Mother,* Anna Hanley
6. *Mother's Maiden Name,* " Hanley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thos Hanley.
9. *Father's Occupation* Molder.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos McLaughlin

Address, 412 S Paca St.

Remarks,

8970007970

Wm. J. C. Dulany Co., City Printers and Stationers.

6.]

RETURN OF A BIRTH. 87976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 7/97.
4. *Place of Birth, (Street and Number)* 921 Denmead Ave.
5. *Full Name of Mother,* Minnie Bauer.
6. *Mother's Maiden Name,* " Downs.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Bauer
9. *Father's Occupation* Hostler.
10. *Father's Birthplace,* Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, Thos McLaughlin

Address, 412 S Caca St.

Remarks,

8970007971

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH.

87977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 7/97
4. *Place of Birth, (Street and Number)* 1915 S Paca St.
5. *Full Name of Mother,* Ida M Kennedy
6. *Mother's Maiden Name,* " " Kennedy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Kennedy
9. *Father's Occupation* Employer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos M Lumpkin

Address, 1415 S Paca St.

Remarks,

8970007972

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

1236.]

RETURN OF A BIRTH.

87978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Clarence ~~Edwin Holtgreve~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 7th 1897
4. *Place of Birth, (Street and Number)* 1647 N. Bond St
5. *Full Name of Mother,* Clara Holtgreve
6. *Mother's Maiden Name,* Fifette
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Herman W Holtgreve
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, S. W. Selduer M. D.

Address, 1501 N Eager St

Remarks,

8970007973

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

87974

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male JOHN NICOLAS ZIEHL

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 9th 1897.

4. Place of Birth, (Street and Number) 943 N Chapel

5. Full Name of Mother, Sophia Ziehl

6. Mother's Maiden Name, Zaehr

7. Mother's Birthplace, Prussia

8. Full Name of Father, Edward Ziehl

9. Father's Occupation Beer Moulder

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, J. W. Seldner M.D.

Address, 1501 E. Bayer St

Remarks, 8970007974

Wm. J. C. Dulany Co., City Printers and Stationers.

shall be delivered, duly signed by the Practitioner ... of its parents, the date and place of birth; and the ... tioner in the form of a certificate between the first and ... Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236]

RETURN OF A BIRTH.

87980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Anna Rota Jones

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 Novembe
4. Place of Birth, (Street and Number) 1911 Pierce st
5. Full Name of Mother, Marie Jones
6. Mother's Maiden Name, Greenhall
7. Mother's Birthplace, Ball.
8. Full Name of Father, Clarence Jones
9. Father's Occupation —
10. Father's Birthplace, Ball.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address,

Remarks,

8770007975

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and each such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 87981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 17th 1891
4. *Place of Birth, (Street and Number)* 417 N Chapel St
5. *Full Name of Mother,* Mary C. Lang.
6. *Mother's Maiden Name,* Kieffler
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles G Lang
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, S. W. Seldner M. D.

Address, 1561 E. Eager St.

Remarks,

8970007976

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 13 1897
4. *Place of Birth, (Street and Number)*	2027 Guilford ave Balto
5. *Full Name of Mother,*	Gertrude Snyder
6. *Mother's Maiden Name,*	Gertrude McConnell
7. *Mother's Birthplace,*	Renovo Pa
8. *Full Name of Father,*	George W Snyder
9. *Father's Occupation,*	Supervisor PRR
10. *Father's Birthplace,*	Pottsville Pa
Name of Medical Attendant, or other person who makes this Return.	John U Hobach
Address,	2116 N. Calvert st
Remarks,	

8 9 7 0 0 0 7 9 7 7

...ANY & CO., CITY PRINTERS AND STATIONERS

...occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87983

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Ruel Keith ~~Compton~~, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 14" 1897
4. Place of Birth, (Street and Number) 1616 Bolton Street
5. Full Name of Mother, Elinore Stansbury Compton
6. Mother's Maiden Name, Elinore Stansbury Hough
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Ruel Keith Compton Jr
9. Father's Occupation, Civil Engineer
10. Father's Birthplace, Charles Co. Md

Name of Medical Attendant, or other person who makes this Return. J. Whitridge Williams

Address, 1124 Cathedral St.

Remarks,

8 4 7 0 0 0 7 9 7 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[illegible] in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 89984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 14th 1894
4. *Place of Birth, (Street and Number)* 410 N. Eden St
5. *Full Name of Mother,* Mary Schulz
6. *Mother's Maiden Name,* Michael
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Herman J. Schulz
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, S. H. Schulz M. D.

Address, 1501 N. Luzerne St

Remarks,

8970007979

Wm. J. C. Dulany Co., City Printers and Stationers.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

[illegible] schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 14th 1897
4. *Place of Birth, (Street and Number)* 410 W. Eden St.
5. *Full Name of Mother,* Mary Schulz
6. *Mother's Maiden Name,* Michael ~~Balto~~
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Herman Schulz
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, S. W. Seldner M. D.

Address, 150 E. Eager St.

Remarks,

8970007980

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

87986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Fem~~ 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 15/97
4. Place of Birth, (Street and Number) 662 W. Franklin St.
5. Full Name of Mother, Estella Gregg
6. Mother's Maiden Name, " Slater
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Claud O. Gregg.
9. Father's Occupation Salesman
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, H. E. Kripp M.D.

Address, 523 Scott St.

Remarks,

8970007981

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

87987

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 17, 1897.
4. Place of Birth, (Street and Number) 1009 Riggs Avenue
5. Full Name of Mother, Maria Vollenweider
6. Mother's Maiden Name, M. Disserenz
7. Mother's Birthplace, Switzerland
8. Full Name of Father, John Vollenweider
9. Father's Occupation tinner
10. Father's Birthplace, Switzerland

Name of Medical Attendant, or other person who makes this Return, Marie E. Thalwitzer M.D.

Address, 725 Mulberry str.

Remarks,

8970007982

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] and the [illegible] place of birth; and the [illegible] signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336.]

RETURN OF A BIRTH. 87988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13 of November
4. *Place of Birth, (Street and Number)*	1041 Baltimore str
5. *Full Name of Mother,*	Julie Baroch
6. *Mother's Maiden Name,*	Julie Traisler
7. *Mother's Birthplace,*	Baltimen
8. *Full Name of Father,*	Petr Baroch
9. *Father's Occupation*	Thailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Luise Svätera
Address,	1010 Durham str
Remarks,	

8970007983

Wm. J. C. Dulany Co,. City Printers and Stationers.

...register of the county, shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

RETURN OF A BIRTH. 87989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	boy
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	21 Novembe
4. *Place of Birth, (Street and Number)*	937 Central Av.
5. *Full Name of Mother,*	Lizie Moelber
6. *Mother's Maiden Name,*	Trageser
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	Louis Moelber
9. *Father's Occupation*	cigarmaker
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Anna Walber
Address,	928 N. Cent Av.
Remarks,	

8770007984

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 87990

GIVEN NAME ADDED 7/26/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Dora Silverman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 21st 1897

4. Place of Birth, (Street and Number) 724 N Mount St

5. Full Name of Mother, Sallie Silverman

6. Mother's Maiden Name, Numan

7. Mother's Birthplace, Hungary

8. Full Name of Father, Jos E Silverman

9. Father's Occupation Salesman

10. Father's Birthplace, Hungary

Name of Medical Attendant, or other person who makes this Return, J. H Sclanter M. D.

Address, 1511 E Eager St

Remarks,

8970007985

Wm. J. C. Dulany Co., City Printers and Stationers.

FILM

FORM 1236.]

87991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 30th 1897
4. Place of Birth, (Street and Number) 1724 N. Broadway
5. Full Name of Mother, Bernadine McDonnell
6. Mother's Maiden Name, Kuper
7. Mother's Birthplace, Balto.
8. Full Name of Father, James E. McDonnell
9. Father's Occupation Produce Commission
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, S. H. Seldner M. D.

Address, 1501 E. Eager St

Remarks,

8970007986

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK SAFETY

RETURN OF A BIRTH. 87992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Nr.
3. *Date of Birth,*	Nov 30 19
4. *Place of Birth, (Street and Number)*	Md. Gen. Hosp.
5. *Full Name of Mother,*	Eva Wilson 700 Raborg St
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	"Legion"
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	M L Todd
Address,	Md Gen Hosp
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. 87993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 of November 1897
4. *Place of Birth, (Street and Number)* 933 Durham str
5. *Full Name of Mother,* Soufi Karas
6. *Mother's Maiden Name,* Soufi Sadak
7. *Mother's Birthplace,* Bohimen
8. *Full Name of Father,* Tims Karas
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohimen

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 10 10 Durham str

Remarks,

8 9 7 U 0 0 7 9 8 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 of November 1897
4. *Place of Birth, (Street and Number)* 2022 Boorke str
5. *Full Name of Mother,* Anni Karas
6. *Mother's Maiden Name,* Anie Svoboda
7. *Mother's Birthplace,* Bohimen
8. *Full Name of Father,* Eman Karas
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohimen

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1010 Durham str

Remarks,

8 9 7 0 0 0 7 9 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 87995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 28th 1897
4. *Place of Birth, (Street and Number)* 1148 E. North Ave
5. *Full Name of Mother,* Minnie S. Gardner
6. *Mother's Maiden Name,* Scott
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* George H. Gardner
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, S. W. Seldner M. D.

Address, 1501 E Eager St

Remarks,

8970007990

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

87996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* November 28. 1897
4. *Place of Birth, (Street and Number)* 1145 North Carey Street
5. *Full Name of Mother,* Mrs Ida Matilda Cadell
6. *Mother's Maiden Name,* Miss Ida Matilda Busser
7. *Mother's Birthplace,* York Pennsylvania
8. *Full Name of Father,* Mr. John Franklin Cadell
9. *Father's Occupation,* Superintendent
10. *Father's Birthplace,* Harford County Maryland

Name of Medical Attendant, or other person who makes this Return. [illegible] M.D.

Address, 1235 West Lafayette Avenue

Remarks,

8970007991

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

~~8795~~ 87997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 27 november 1897
4. *Place of Birth, (Street and Number)* 2220 devison St
5. *Full Name of Mother,* Georgia Tilman
6. *Mother's Maiden Name,* Georga Hawkins
7. *Mother's Birthplace,* Calvert Co Md
8. *Full Name of Father,* John W Tilman
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Calvert Co Md

Name of Medical Attendant, or other person who makes this Return, Sarah Rollings

Address, 1610 Vincent St

Remarks,

8970007992

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 25 97
4. *Place of Birth, (Street and Number)* 1214 N. Chester St.
5. *Full Name of Mother,* Emma Ottley
6. *Mother's Maiden Name,* " Smith
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William Ottley
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Howard C. Silver

Address, 1427 E. Fayette

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH.

87999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 25 1897
4. Place of Birth, (Street and Number) 538 Rayner Ave
5. Full Name of Mother, Roberta Blanche Koontz
6. Mother's Maiden Name, Roberta Blanche Creamer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Koontz
9. Father's Occupation, Lawyer
10. Father's Birthplace, Frederick Md.

Name of Medical Attendant, or other person who makes this Return, H. L. Evans

Address, N E Cor Carey & Fayette

Remarks,

8970007994

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 22, 1897
4. Place of Birth, (Street and Number) 604 Wyeth St
5. Full Name of Mother, Mary Wiesman
6. Mother's Maiden Name, Mary Thorpe
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Louis H. Wiesman
9. Father's Occupation Huckster
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return. H. E. Knipp MD

Address, 523 Scott St,

Remarks,

8970007995

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88001

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 23. 1897
4. Place of Birth, (Street and Number) 324 N. Charles str
5. Full Name of Mother, Ida Vollkommer
6. Mother's Maiden Name, I. Hallke
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joseph Vollkommer
9. Father's Occupation Civil Engineer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Marie E. Thalwitzer M. D.

Address, 725 Mulberry str

Remarks,

8 9 7 0 0 0 7 9 9 6

Wm. J. C. Dulany Co., City Printers and Stationers

[illegible] register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 25/97
4. *Place of Birth, (Street and Number)* 1521 N. Spring St
5. *Full Name of Mother,* Minnie Fraunholz
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm. Fraunholz
9. *Father's Occupation* wood carver
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Preston St

Remarks,

8470007997

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-21-55

RETURN OF A BIRTH. 88008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Charles Wesley ~~Burton~~, Jr. 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 26 '88 '97
4. Place of Birth, (Street and Number) 1432 N. Bond
5. Full Name of Mother, Emily Burton
6. Mother's Maiden Name, Leach
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas Burton
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. B. Billingslea

Address, 1206 E. Baltimore St

Remarks,

84700007998

month, she shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

233.]

RETURN OF A BIRTH.

88004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, November 30 1897
4. Place of Birth, (Street and Number) Baltimore bint st 1929
5. Full Name of Mother, Rachel Hughes
6. Mother's Maiden Name, Rachel Neal
7. Mother's Birthplace, Born in Annedall Co Md
8. Full Name of Father, Charles Hughes
9. Father's Occupation Labor
10. Father's Birthplace, Annarundall Co Md

Name of Medical Attendant, or other person who makes this Return, Mara Jones

Address, 1997 What Coat st

Remarks,

8970007999

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 88005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colord
3. *Date of Birth,* Nov the 22 1897
4. *Place of Birth, (Street and Number)* 149 Whenereth St
5. *Full Name of Mother,* Sarah E Pollock
6. *Mother's Maiden Name,* Sarah Barber
7. *Mother's Birthplace,* nueben N C
8. *Full Name of Father,* Wm Pollock
9. *Father's Occupation* Sailingen
10. *Father's Birthplace,* nueben N C

Name of Medical Attendant, or other person who makes this Return, Sarah Thomson

Address, 214 York St

Remarks,

8 9 7 0 0 0 0 0 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Nov 11th 22-1897
4. *Place of Birth, (Street and Number)* 149 Lemuella St
5. *Full Name of Mother,* Gargia Johnson
6. *Mother's Maiden Name,* Gargia giles
7. *Mother's Birthplace,* Daniel Va
8. *Full Name of Father,* Wm Johnson
9. *Father's Occupation* laber
10. *Father's Birthplace,* Washington Dc

Name of Medical Attendant, or other person who makes this Return, Sarah Thomson

Address, 24 York St

Remarks,

8 4 7 U 0 0 8 0 0 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 88007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 24th 1874

4. Place of Birth, (Street and Number) # 1718 Holbrook Street

5. Full Name of Mother, Sallie Grove

6. Mother's Maiden Name, Sallie Allen

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John P. Grove

9. Father's Occupation, Conductor P. W. and B. R. R.

10. Father's Birthplace, Cumberland Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Sarah Wooden

Address, No 1000 E. Hoffman St

Remarks,

8 4 7 0 0 0 8 0 0 2

...y Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 88008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colord
3. Date of Birth, Nov the 25-1897
4. Place of Birth, (Street and Number) 921 S Eutaw St
5. Full Name of Mother, norah Baker
6. Mother's Maiden Name, norah Goodma
7. Mother's Birthplace, W Kinfield north Carolina
8. Full Name of Father, Jacob Baker
9. Father's Occupation Labor
10. Father's Birthplace, Kent island

Name of Medical Attendant, or other person who makes this Return, Sarah Thomson

Address, 214 York St

Remarks,

8970008003

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 88009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 30th 1897
4. *Place of Birth, (Street and Number)*	717 Sharp St.
5. *Full Name of Mother,*	Teresa Bartels
6. *Mother's Maiden Name,*	Hellick
7. *Mother's Birthplace,*	Balto. city
8. *Full Name of Father,*	Frank J. Bartels
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return,	R. C. Lee
Address,	Hanover st
Remarks,	

8 4 7 0 0 0 8 0 0 4

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 88011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether ~~male~~ or female),
2. Race or Color (if not of the white race),
3. Date of Birth, Nov 3rd 1897
4. Place of Birth (Street and Number), Mount St Joseph (Convent)
5. Full Name of Mother, Martina Ross
6. Mother's Maiden Name, Langer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jas D. Ross
9. Father's Occupation, Phone Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Lt Monmonier.

Address, 634 Gorsuch Av.

Remarks,

did shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

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RETURN OF A BIRTH

Q 88012 Vol 16 fx 98

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, November 2nd 1897 Tuesday
4. Place of Birth, (Street and Number) 600 Madera St
5. Full Name of Mother, Ellen A. Gaserway
6. Mother's Maiden Name, Ellen A. Wright
7. Mother's Birthplace, Baltimore County Md.
8. Full Name of Father, Horace Gaserway
9. Father's Occupation, Laborer
10. Father's Birthplace, Muirkirk Prince George's Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Jane Coursey

Address, 607 N. Bradford St.

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

8 9 7 0 0 0 8 0 0 6

A. 88013

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, Charles Mitchell Lucas
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth November 23rd 1897
5. Place of Birth, (Street and number) 1806 W. Franklin St
6. Full name of Mother, Clementina Lucas
7. Mother's Maiden Name, Clementina Schmidt
8. Mother's Birthplace, Germany
9. Full name of Father, Hubert Lukas
10. Father's Occupation, Clerk
11. Father's Birthplace, Baltimore, Md. U. S. A.

Name of Medical Attendant, or other person who makes this Return, C. W. Mitchell M. D.

Address, 1021 Cathedral St.

Remarks,

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his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schequle shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

A. 88013

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then duty thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Name of child,*	Charles Mitchell Lucas
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	November 23rd 1897
5. *Place of Birth, (Street and number)*	1806 W. Franklin St
6. *Full name of Mother,*	Clementina Lucas
7. *Mother's Maiden Name,*	Clementina Schmidt
8. *Mother's Birthplace,*	Germany
9. *Full name of Father,*	Herbert Lucas
10. *Father's Occupation,*	Clerk
11. *Father's Birthplace,*	Baltimore, Md, U. S. A.
Name of Medical Attendant, or other person who makes this Return,	C. W. Mitchell M. D.
Address,	1021 Cathedral St.
Remarks,	

1897000080 07

RETURN OF A BIRTH.

88061

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of [illegible] Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 1, 97
4. Place of Birth (Street and Number) 239 Dolphin St.
5. Full Name of Mother Maggie Martin Murray
6. Mother's Maiden Name " "
7. Mother's Birthplace Ireland
8. Full Name of Father Michael J. Murray
9. Father's Occupation Saloon
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J. D. Iglehart

Address 1214 Linden Ave

Remarks

8970008008

[illegible] physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

M 1236]

RETURN OF A BIRTH. 88062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 1 of December.
4. *Place of Birth, (Street and Number)* 1013 Patomac. St.
5. *Full Name of Mother,* Lizzi Brundic.
6. *Mother's Maiden Name,* = Hennig.
7. *Mother's Birthplace,* Baltos
8. *Full Name of Father,* Henry Brundic.
9. *Father's Occupation* Lettercarier.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss. (Behnken)

Address, 613. s. port Street.

Remarks,

8 9 7 0 0 0 8 0 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 2d 1897
4. *Place of Birth, (Street and Number)* 225 N. Pine
5. *Full Name of Mother,* Katherine Owens
6. *Mother's Maiden Name,* Katherine Goggin
7. *Mother's Birthplace,* Bath
8. *Full Name of Father,* Jas. Owens
9. *Father's Occupation* Tolores
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, J. W. Wiltshire

Address, 212 N. Madison St.

Remarks,

8970008010

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month and south set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Form 1236

RETURN OF A BIRTH. 88064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Labor

1. Sex, (state whether male or female) Female [this is the 4 Baby at 9 months].
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 1st. 1897
4. Place of Birth, (Street and Number) 1401 - N Caroline St.
5. Full Name of Mother, J Ella Cowles Stoudenmire.
6. Mother's Maiden Name, Joseph Ella Cowles.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Wm S Stoudenmire.
9. Father's Occupation Minister of the Gospel.
10. Father's Birthplace, South Carolina.

Name of Medical Attendant, or other person who makes this Return, Robt J. Wilson.

Address, 820 Park Ave.

Remarks, 8970008011

Wm. J. C. Dulany Co., City Printers and Stationers.

...births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately to the Commissioner of Health. In case the birth of any child child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be any such person or persons who shall hereafter fail to comply with the provisions of this section shall be jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88055

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether 1st, 2d,*~~ *3d,* ~~*&c.*~~)

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or Color,* (~~*if not of the*~~ *white race*) December 1st 197.
3. *Date of Birth,*
4. *Place of Birth,* (*Street and Number*) 127 S Doppleton St.
5. *Full Name of Mother,* Mary E. Barker.
6. *Mother's Maiden Name,* Mary E. Pilcher.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Wilbur D. Barker.
9. *Father's Occupation* Fireman.
10. *Father's Birthplace,* Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, John J. R. Brazer M.D.

Address, 662 W Lexington St.

Remarks,

8 9 7 0 0 0 8 0 1 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 88066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, December 1st / 1897.
4. Place of Birth, (Street and Number) S. Fulton St. 532. Baltimore Md.
5. Full Name of Mother, Emma Hoffmann.
6. Mother's Maiden Name, Emma Lingard.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Georg Hoffmann.
9. Father's Occupation Plasterer.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bertha Weinhardt.

Address, 1631. W. Pratt St. Baltimore. Md.

Remarks, 8970008013

Wm. J. C. Dulany Co,. City Printers and Stationers.

[...]M 1236.]

CERTIFICATE AMENDED - 5/9/13 88067

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: CAROLINE ~~FRANCES~~ YEAGER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 1, 1897
4. *Place of Birth, (Street and Number)* No 927 Stafford St
5. *Full Name of Mother,* LIZZIE YEAGER
6. *Mother's Maiden Name,* Schwarzkopf
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* george YEAGER
9. *Father's Occupation* potrey
10. *Father's Birthplace,* gerimney

Name of Medical Attendant, or other person who makes this Return, Mrs [illegible] Blym

Address, colver St near dorsy lane

Remarks, Filed 1897 8 9 7 0 0 0 8 0 1 : 4 / 1897

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December 12
4. Place of Birth, (Street and Number) 525 N. Hoffman
5. Full Name of Mother, Julia Gardner
6. Mother's Maiden Name, Julia Jackson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Thomas Gardner
9. Father's Occupation Stevedore
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary E. Smith

Address, 525 N. Hoffman St

Remarks, 8 4 7 0 0 0 8 0 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[...]M 1336]

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 1st.
4. *Place of Birth, (Street and Number)* 841 S. Bond St.
5. *Full Name of Mother,* Helen Dorola
6. *Mother's Maiden Name,* Janicka
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Sudvik Dorola
9. *Father's Occupation* Shoe-maker
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 838 S. Bond St.

Remarks, 8 9 7 0 0 0 8 0 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 88070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Sixth

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* December 1 1897
4. *Place of Birth,* (*Street and Number*) No. 1830 (1830) E. Chester Street
5. *Full Name of Mother,* Estelle Hunter
6. *Mother's Maiden Name,* Estelle Clements
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Richard Hunter
9. *Father's Occupation* Produce Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas. A. Caswell, M.D.

Address, 1134 Hanover ave

Remarks,

8970008017

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH. 88071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 1 - 1897
4. Place of Birth, (Street and Number) 1827 Madison Ave
5. Full Name of Mother, Hester Julius
6. Mother's Maiden Name, Hester Golinsky
7. Mother's Birthplace, Poland
8. Full Name of Father, Ellis Julius
9. Father's Occupation Merchant
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. W. Keown M D

Address, 848 W. North Ave

Remarks,

8 9 7 0 0 0 8 0 1 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

[illegible] by the Commissioner of [illegible] a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 1 st/97
4. *Place of Birth, (Street and Number)* No 2205 Mura St
5. *Full Name of Mother,* Anna Haase
6. *Mother's Maiden Name,* Siebert
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Oscar Haase
9. *Father's Occupation* Cabnut
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, 1907 E Monument St

Remarks,

8970008019

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH.

88073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Seippel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec. 1st. 1897.
4. Place of Birth, (Street and Number)	4705 S. Durham St. Balto.
5. Full Name of Mother,	Carrie (Griffith) Seippel
6. Mother's Maiden Name,	Carrie Harvey.
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	George (Griffith) Seippel
9. Father's Occupation	Labourer.
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Mary M. Taylor.
Address,	4011 S. Patterson Pk. Ave. Balto.
Remarks,	

8970008020

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH.

88074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 1st 1897
4. Place of Birth, (Street and Number) No: 619 Frederick Ave
5. Full Name of Mother, Emma Steinacker
6. Mother's Maiden Name, Emma Wade
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Steinacker
9. Father's Occupation Police Officer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Frederick Ave

Remarks,

8970008021

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) st
3. Date of Birth, December 1
4. Place of Birth, (Street and Number) Balto. city 114 South Arlington Av
5. Full Name of Mother, Mary E Norton
6. Mother's Maiden Name, Mary E Walsh
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Timothy Norton
9. Father's Occupation Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs S Hunter

Address, 23 N. Poppleton st

Remarks,

8970008022

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 1st 1899.
4. *Place of Birth, (Street and Number)* 1139 Low St.
5. *Full Name of Mother,* Bessie Moiller
6. *Mother's Maiden Name,* Benowitz
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Wolf Moiller
9. *Father's Occupation* merchant
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter St.

Remarks,

8 4 7 0 0 0 8 0 2 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] 1336]

RETURN OF A BIRTH. 88077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child 1897
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 1
4. *Place of Birth, (Street and Number)*	212 Hanover St
5. *Full Name of Mother,*	Mary Virginia Larkins
6. *Mother's Maiden Name,*	Mary Virginia Sens
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Larkins
9. *Father's Occupation*	Clerke
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	1828 Light St
Remarks,	Daing well

8970008024

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 2nd 1897.
4. Place of Birth, (Street and Number) 936 Ensor st.
5. Full Name of Mother, Ella Boyd
6. Mother's Maiden Name, " Severe
7. Mother's Birthplace, Balto. City
8. Full Name of Father, James Boyd
9. Father's Occupation Boiler maker
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8 4 7 0 0 0 8 0 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 2nd 1897
4. Place of Birth, (Street and Number) 1167 York Road
5. Full Name of Mother, Carrie E. Thursby
6. Mother's Maiden Name, Parks
7. Mother's Birthplace, Va.
8. Full Name of Father, Harry E. Thursby
9. Father's Occupation Grocer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. B. Hartwig

Address, 815 Jefferson Ave

Remarks,

8970008026

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 D.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Thursday 2 Dec
4. *Place of Birth, (Street and Number)* 200 W. Saratogar St
5. *Full Name of Mother,* Marry A. Donaldson
6. *Mother's Maiden Name,* Marry A Malone
7. *Mother's Birthplace,* Collinsville Con.
8. *Full Name of Father,* William J Donaldson
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Cannada

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 2 E No Coppleton St

Remarks,

8 9 7 0 0 0 8 0 2 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 2nd
4. *Place of Birth, (Street and Number)* 217 N. Amity St
5. *Full Name of Mother,* Annie Otilia Knorr
6. *Mother's Maiden Name,* " " Erpenstein
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William F. A Knorr
9. *Father's Occupation* Cigar Manufacturer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, C. C Rusk M.D.

Address, 2020 E. Baltimore

Remarks, Forceps delivery

8 4 7 0 0 0 8 0 2 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1336]

RETURN OF A BIRTH. 88082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd December
4. *Place of Birth, (Street and Number)* 616 S. Bethel St.
5. *Full Name of Mother,* Jennie Buenger
6. *Mother's Maiden Name,* Padite
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Buenger
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Nancy Pretl

Address, 838 S. Bond St.

Remarks,

1 8 9 7 0 0 0 8 0 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 88088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd December
4. *Place of Birth, (Street and Number)* 628 S. Bethel St.
5. *Full Name of Mother,* Helen Gurszky
6. *Mother's Maiden Name,* Schabowska
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Valentine Gurszky
9. *Father's Occupation* Works-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Bell

Address, 838 S. Bond St.

Remarks,

8 9 7 0 0 0 8 0 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH.

88084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 2 1897
4. Place of Birth, (Street and Number) 642 Vine Street
5. Full Name of Mother, Ida Smith
6. Mother's Maiden Name, " " Purnella
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Smith
9. Father's Occupation Forbing
10. Father's Birthplace, Westen County County

Name of Medical Attendant, or other person who makes this Return, Westen Cotance

Address, 509 West Preston St

Remarks,

8 9 7 0 0 0 8 0 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 84085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9/

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 2/97
4. *Place of Birth, (Street and Number)* No 627 Montford ave
5. *Full Name of Mother,* Margerita Kolb
6. *Mother's Maiden Name,* Bayer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John M. Kolb
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, 1907 E Monument St

Remarks,

8 4 7 0 0 0 8 0 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 2nd 1897
4. Place of Birth, (Street and Number) 1044 Wambert St
5. Full Name of Mother, Maggie Fox
6. Mother's Maiden Name, Maggie M. Nulty
7. Mother's Birthplace, Ireland
8. Full Name of Father, Tim Fox
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Maggie Ettel

Address, 1619 Cuba St

Remarks,

8 9 7 0 0 0 8 0 3 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 84087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 2d 1897
4. Place of Birth, (Street and Number) 1826 W. Pheline St.
5. Full Name of Mother, Lizzie E McCain
6. Mother's Maiden Name, Bush
7. Mother's Birthplace, Balto
8. Full Name of Father, Walter G. McCain
9. Father's Occupation Laborer
10. Father's Birthplace, Annapolis Md.

Name of Medical Attendant, or other person who makes this Return, H. W. Webner M.D.

Address, 723 W Lombard St.

Remarks, Balto

8 4 7 0 0 0 8 0 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 88088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 2nd 99
4. *Place of Birth, (Street and Number)* 2529 E. Oliver St
5. *Full Name of Mother,* Mary Linderman
6. *Mother's Maiden Name,* Mary Jankins
7. *Mother's Birthplace,* Baltimor Md
8. *Full Name of Father,* George Linderman
9. *Father's Occupation* Brick-burner
10. *Father's Birthplace,* Baltimor Co. Md

Name of Medical Attendant, or other person who makes this Return, P.A. Planette M.D

Address, 1243 N. Broadway

Remarks, Balto Md

8970008035

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 88089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, December 2/97
4. Place of Birth, (Street and Number) 208 No Amity St
5. Full Name of Mother, Mary McKeon
6. Mother's Maiden Name, J Gannon
7. Mother's Birthplace, Ireland
8. Full Name of Father, Mathew McKeon
9. Father's Occupation Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs O Hayes

Address, 724 Hollins St

Remarks,

8 9 7 0 0 0 8 0 3 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236

RETURN OF A BIRTH. 68090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Child 1897
1. *Sex, (state whether male or female)*	Femail
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2 December
4. *Place of Birth, (Street and Number)*	2109 Hanover St
5. *Full Name of Mother,*	Elizabeth D Hutchison
6. *Mother's Maiden Name,*	Elizabeth D Hustland
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas K Hutchison
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brook
Address,	1828 Light St
Remarks,	Daing Will

8 9 7 0 0 0 8 0 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

RETURN OF A BIRTH. 88091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 3 Dezember
4. *Place of Birth, (Street and Number)* 210 Stockholm st.
5. *Full Name of Mother,* Auguste Lewrenz
6. *Mother's Maiden Name,* " Zaminski
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Lewrenz
9. *Father's Occupation* Laboor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Rudolf Mahrer

Address, Hull st. 1331 Locust Point.

Remarks,

8 9 7 0 0 0 8 0 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 88092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 3. December.
4. Place of Birth, (Street and Number) 103. Bond Street.
5. Full Name of Mother, Kathe Gebauer.
6. Mother's Maiden Name, Kathe Schweitzer.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Gebauer.
9. Father's Occupation Barber.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mary Glass.

Address, N. 9. S. Wolfe Street.

Remarks,

8 4 7 0 0 0 8 0 3 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 88093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 3rd 1897
4. *Place of Birth, (Street and Number)* 1827 Lyman St.
5. *Full Name of Mother,* Sarah C Triplettbone
6. *Mother's Maiden Name,* Sarah C Hoan
7. *Mother's Birthplace,* Frederick Co. M.D.
8. *Full Name of Father,* Edward J Triplettbone
9. *Father's Occupation* Parer
10. *Father's Birthplace,* Carroll Co M.D.

Name of Medical Attendant, or other person who makes this Return, Mary Harvey

Address,

Remarks, 1809 Lyman St

8970008040

Wm. J. C. Dulany Co., City Printers and Stationers.

...ments, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH.

88094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* w
3. *Date of Birth,* 3 Dec 1897
4. *Place of Birth, (Street and Number)* 2130 Vine st
5. *Full Name of Mother,* Mrs Eva Moran
6. *Mother's Maiden Name,* Rice
7. *Mother's Birthplace,* Charles Co. Md
8. *Full Name of Father,* Marcella Moran
9. *Father's Occupation* Tobacco Warehouse
10. *Father's Birthplace,* Chas. Co. Md

Name of Medical Attendant, or other person who makes this Return, J. H. Gardiner, M.D.

Address, 1712 W. Lexington st

Remarks,

8970008041

[illegible] as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* fm

2. *Race or Color, (if not of the white race)* w

3. *Date of Birth,* 3 Dec (89)

4. *Place of Birth, (Street and Number)* Corner St Peter & Campbell sts

5. *Full Name of Mother,* Mrs Mary Jones

6. *Mother's Maiden Name,* [illegible] Kane

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Reuben Jones

9. *Father's Occupation* Agent

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, J. H. Gardiner M.D.

Address, 1712 N. Lexington st

Remarks,

8 9 7 0 0 0 8 0 4 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Friday Dec 3d '97 (11 20 P.M.)
4. *Place of Birth, (Street and Number)* 114. S. Calhoun St
5. *Full Name of Mother,* Annie K. Watts
6. *Mother's Maiden Name,* Annie K. Raley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John M. Watts
9. *Father's Occupation* Conductor (Traction Co)
10. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Oswald Wood

Address, 112. W Mulberry St

Remarks, Baltimore

8 9 7 0 0 0 8 0 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 88697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth (9)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 3rd, 1897

4. Place of Birth, (Street and Number) No. 1224 Patapsco St.

5. Full Name of Mother, Barbara Ruppert

6. Mother's Maiden Name, Barbara Wagner

7. Mother's Birthplace, Balto, Md

8. Full Name of Father, Louis Ruppert

9. Father's Occupation Clerk

10. Father's Birthplace, Balto, Md.

Name of Medical Attendant, or other person who makes this Return, Maggie A. Wilkinson (Wilkinson)

Address, No. 14 W. Lemmon St.

Remarks,

8 4 7 0 0 0 8 0 4 4

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Nine 9

1. Sex, (state whether male or female) Fumail
2. Race or Color, (if not of the white race) Coulard
3. Date of Birth, Dec 3 189[illegible] Bruce St 48 Baltimore Md
4. Place of Birth, (Street and Number) Bruce St 48 Baltimore
5. Full Name of Mother, Jennie Beach
6. Mother's Maiden Name, Jennie Reed
7. Mother's Birthplace, Easton Shore Virginia
8. Full Name of Father, Custurs Beach
9. Father's Occupation, Gen Labor
10. Father's Birthplace, Easton Shore Virginia

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Carry Reed 417 Parish St

Remarks, Custurs 49

Mrs ~~Custy~~ Mrs Jennie Beach 48

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 88099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* December 4th.

4. *Place of Birth, (Street and Number)* 1019 Hollins street

5. *Full Name of Mother,* Julia A. Smith

6. *Mother's Maiden Name,* Julia A. Lasagy

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Jesse E. Smith

9. *Father's Occupation* Electrician

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. O'Mayer

Address, 824 Hollins St

Remarks,

8970008046

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been conferred) its sex, color, the full name and occupation of her care during the
ascertained the full name of each child, (if any shall have
the same can be ascertained) the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
pation of its parents, the date and place of birth; and the
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
practitioner in the form of a certificate between the first and
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
the Commissioner of Health. In case the birth of any child
attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such
practitioner of midwifery, or should no other person be in
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
it shall become the duty of the person or parents of such
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
h, in the manner and within the period above required, and
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.
o comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 88100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 4th 1894
4. *Place of Birth, (Street and Number)* 1018 Boyd St. City
5. *Full Name of Mother,* Sarah Locke
6. *Mother's Maiden Name,* Sarah Smith
7. *Mother's Birthplace,* Dundee Scotland
8. *Full Name of Father,* Walter Locke
9. *Father's Occupation* Iron Worker
10. *Father's Birthplace,* Hackton Lanarkshire Scotland

Name of Medical Attendant, or other person who makes this Return, Mrs. O'Hayer

Address, 524 Hollins St

Remarks,

8 4 7 0 0 0 8 0 4 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH.

88101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4 Dec
4. *Place of Birth, (Street and Number)* 149 ch Bond St
5. *Full Name of Mother,* Katie Mc Cullah
6. *Mother's Maiden Name,* " White
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Dazzid Mc Cullah
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R. Ullrig

Address, 1302 E Lexington St

Remarks,

8 9 7 0 0 0 8 0 4 8

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered month to the office or practioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88102

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Brown skin 4
3. Date of Birth, December
4. Place of Birth, (Street and Number) 526 Rogers Ave
5. Full Name of Mother, Annie Turner
6. Mother's Maiden Name, " Williams
7. Mother's Birthplace, Virginia
8. Full Name of Father, Edward Turner
9. Father's Occupation Janitor
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return,

Address, Elizabeth Champ 530 Rogers Ave

Remarks, 8970008049

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CERTIFICATE CORRECTED 2-3-54

RETURN OF A BIRTH. 88104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Theresa Starace

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) ~~Female name Mary~~
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec ~~4th~~ 3rd 1897
4. Place of Birth, (Street and Number) 598 Rogers Ave
5. Full Name of Mother, Anna Starace
6. Mother's Maiden Name, " Comella
7. Mother's Birthplace, Italy
8. Full Name of Father, ~~Antony~~ Starace, Antonio
9. Father's Occupation Fruit dealer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Marie F. Romano

Address, 302 N. High St

Remarks, O. K.

8970008050

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 4th
4. Place of Birth, (Street and Number) Pine st 114
5. Full Name of Mother, Mary Jones
6. Mother's Maiden Name, Mary Pittican
7. Mother's Birthplace, Baltimore city
8. Full Name of Father George L Jones
9. Father's Occupation Clark
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, Pine st 114

Remarks, Well

8970008051

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1236.]

RETURN OF A BIRTH. 88106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 4 1897
4. *Place of Birth, (Street and Number)* 232 S. Spring St
5. *Full Name of Mother,* Sarah Cohn Beltzek
6. *Mother's Maiden Name,* Russia
7. *Mother's Birthplace,* Simon Cohn
8. *Full Name of Father,* Tailor
9. *Father's Occupation* Russia
10. *Father's Birthplace,* Rosa Fineberg

Name of Medical Attendant, or other person who makes this Return,

Address, 23 Lloyd St

Remarks,

8 9 7 0 0 0 8 0 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 88107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* Dec. 4/1897.
4. *Place of Birth, (Street and Number)* 914 Saratoga St.
5. *Full Name of Mother,* Mary Commerger.
6. *Mother's Maiden Name,* Watkins.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* George Commerger.
9. *Father's Occupation* Cook.
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary C Jones

Address, 1121 Saratoga St

Remarks, Balto Md.

8970008053

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1236.]

RETURN OF A BIRTH. 58108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 4 1897
4. Place of Birth, (Street and Number) 13 E Exeter St
5. Full Name of Mother, Beckie Adler
6. Mother's Maiden Name, " Skornick
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris Adler
9. Father's Occupation Tailor
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs E. Schuman,

Address, 42 Albemarle St

Remarks,

8970008054

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

GIVEN NAME ADDED 9-25-57

RETURN OF A BIRTH.

88109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Julia Buttner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 4th 1897
4. Place of Birth, (Street and Number) 222 E Bethel St
5. Full Name of Mother, Mary Buttner
6. Mother's Maiden Name, Mary Hoyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Buttner
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Perrigo

Address, 222 Bank St

Remarks, City

8970008055

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 88110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Chrisneal
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* Valley Alley 208 Baltimore
5. *Full Name of Mother,* Mary Ruffin
6. *Mother's Maiden Name,* Mary Aiskison
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry Ruffin
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* North Calina

Name of Medical Attendant, or other person who makes this Return,

Address, Cuisa Burnet ford 601 Stand Leroaker St

Remarks,

8 9 7 0 0 0 8 0 5 6

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Dec. 4th 1897.
4. Place of Birth, (Street and Number) 526 N. Bruce St
5. Full Name of Mother, Mary Jackson
6. Mother's Maiden Name, Mary Marshall
7. Mother's Birthplace, St. Mary's Co., Md.
8. Full Name of Father, William H. Jackson
9. Father's Occupation, Laborer
10. Father's Birthplace, Frederick Co. Md

Name of Medical Attendant, or other person who makes this Return. Edw Plummer M.D.

Address, 1710 W. Franklin St. City

Remarks,

8970008057

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M 1236

RETURN OF A BIRTH. 88142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child 1897
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7 of December
4. *Place of Birth, (Street and Number)*	1032 E Cross St
5. *Full Name of Mother,*	Bertha Langman
6. *Mother's Maiden Name,*	Bertha T. Thofen
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Langmann
9. *Father's Occupation*	Cigarmaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Eliza Brooks
Address,	828 Light St
Remarks,	Dairy Mill

8 9 7 0 0 0 8 0 5 8

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1236]

RETURN OF A BIRTH. 88114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 6-'97
4. Place of Birth, (Street and Number) 814 Hollins St
5. Full Name of Mother, Dora Rosenbaum
6. Mother's Maiden Name, " Strauss
7. Mother's Birthplace, Balto
8. Full Name of Father, Benzion Rosenbaum
9. Father's Occupation Commission Business
10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other person who makes this Return, T. Chew Worthington

Address, 1022 MADISON AVE.

Remarks,

8 9 7 0 0 0 8 0 5 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, first and last name of each child, the full name and occupation of its parents, the date and place of birth, first and last name of each child, the full name and occupation of its parents, the date and place of birth, first and last name of each child,

1236.]

RETURN OF A BIRTH. 88116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 5 1897
4. Place of Birth, (Street and Number) 127½ Harrison St
5. Full Name of Mother, Celie Klein
6. Mother's Maiden Name, " Woradensky
7. Mother's Birthplace, Russia
8. Full Name of Father, Harry Klein
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman

Address, 42 Albemarle St.

Remarks,

8 7 7 0 0 0 8 0 6 1

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Comulsioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 88117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 5 1897.
4. Place of Birth, (Street and Number) 247 Exeter St.
5. Full Name of Mother, Dora Gerber
6. Mother's Maiden Name, " Bass
7. Mother's Birthplace, Russia
8. Full Name of Father, Ruben Gerber
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherman

Address, 47 Calvert St.

Remarks,

8 7 7 0 0 0 8 0 6 2

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 88118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 5, 1897

4. Place of Birth, (Street and Number) 414 E. 32nd St.

5. Full Name of Mother, Wilhelmina Nortorp

6. Mother's Maiden Name, " Kisling

7. Mother's Birthplace, Germany

8. Full Name of Father, August Nortorp

9. Father's Occupation Clerk

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Carolina St.

Remarks,

8 7 7 0 0 0 8 0 6 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 88119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Hortense B. Creamer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1107 Eutaw Place

4. Place of Birth, (Street and Number) Dec. 5, 1897

5. Full Name of Mother, Mary B. (~~Kapp~~) Creamer

6. Mother's Maiden Name, " J. " = Kapp

7. Mother's Birthplace, Penn.

8. Full Name of Father, David T. Creamer

9. Father's Occupation Harness maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jos. A. Hartman M.D.

Address, 1121 N. Carlton St.

Remarks,

8 7 7 0 0 0 8 0 6 4

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any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 88120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 5 December
4. *Place of Birth, (Street and Number)* 1320 Garret Ave.
5. *Full Name of Mother,* Lizza Akehurst
6. *Mother's Maiden Name,* Koerber
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charl Akehurst
9. *Father's Occupation* Laboas
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Ruth Mahon

Address, 1331 Hull St Locust Point

Remarks,

8 9 7 0 0 0 8 0 6 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH.

88121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 5th 1897
4. Place of Birth, (Street and Number) 404 Vincent Ave
5. Full Name of Mother, Mary Lizzie Ledgerman
6. Mother's Maiden Name, Mary Lizzie Carter
7. Mother's Birthplace, Prince George Co
8. Full Name of Father, William Ledgerman
9. Father's Occupation With Ice Wagon
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey

Address, 1809 Sommer St

Remarks,

8970008066

Wm. J. C. Dulany Co., City Printers and Stationers.

Extract Regulations of the Health Department to secure a full Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in and ... Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and ... register of such birth, and shall enter the same on blank schedule, to be furnished by the Commission ... Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, December 5, 1897.
4. Place of Birth, (Street and Number) 145 Johns alley
5. Full Name of Mother, Jennie Liesdale
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Wilson
9. Father's Occupation
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, P. Eugene Craig M.D.

Address, 530 N. Arlington ave

Remarks,

8970008067

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate be... and ... third day of each and every month to the office of the Commissioner of Health. In case th... shall occur without the attendance of a physician or practioner of midwifery, or should no... attendance upon the mother, immediately thereafter it shall become the duty of the person ... child to report its birth to the Commissioner of Health, in the manner and within the period ab... any such person or persons who shall hereafter fail to comply with the provisions of this sec... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitur...

C. Dulany Co., City Printers and Stationers.

over

1236.]

RETURN OF A BIRTH. 88123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Eli ~~G.~~ Bruskman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 5 1897
4. Place of Birth, (Street and Number) 132 Front St
5. Full Name of Mother, Rebecca Bruskman
6. Mother's Maiden Name, B. Buther
7. Mother's Birthplace, Russia
8. Full Name of Father, Jack Bruskman
9. Father's Occupation Dresser
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finneberg

Address, 25 Lloyd St

Remarks,

8 9 7 0 0 0 8 0 6 8

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-1-66

RETURN OF A BIRTH. 88124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Florence

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 5th 1897
4. Place of Birth, (Street and Number) ~~13~~ 1314 Fayette str. E.
5. Full Name of Mother, Annie Suretz
6. Mother's Maiden Name, " Kress
7. Mother's Birthplace, Europe
8. Full Name of Father, Hermann ~~Hey~~ man Suretz
9. Father's Occupation Painter
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Hers E. Bernstein

Address, 122 S. Exeter Str

Remarks,

8970008069

Wm. J. C. Dulany Co., City Printers and Stationers.

Connection with its sex, color, the full name and occupation of its parents, the date and place of birth, and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 88125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 of December 1897
4. *Place of Birth, (Street and Number)* Tani Stetka 862 Castle st.
5. *Full Name of Mother,* Tani Zivras
6. *Mother's Maiden Name,* Bohimen
7. *Mother's Birthplace,* "
8. *Full Name of Father,* Charli Stetka
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohimen

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 100 Durham str

Remarks,

8 9 7 0 0 0 8 0 7 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 88126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 of December 1897
4. *Place of Birth, (Street and Number)* 923 Shutter str
5. *Full Name of Mother,* Mary Kapralek
6. *Mother's Maiden Name,* Mary Dowa
7. *Mother's Birthplace,* Bohimen
8. *Full Name of Father,* John Kapralek
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1010 Durham str

Remarks,

8 9 7 0 0 0 8 0 7 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 88127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 5 of December

4. Place of Birth, (Street and Number) 217 Wilhelmstr

5. Full Name of Mother, Katharina Roider

6. Mother's Maiden Name, Weber

7. Mother's Birthplace, Germany

8. Full Name of Father, Theodor Roeder

9. Father's Occupation Ingenier

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Anna Reichelt

Address, 1014 W. Baltimore

Remarks,

8 9 7 0 0 0 8 0 7 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88128

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 12

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 6 of December 1897

4. Place of Birth, (Street and Number) No 803 Harford Ave

5. Full Name of Mother, Maggie Rogers

6. Mother's Maiden Name, Maggie Skinner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Rogers

9. Father's Occupation, Labor

10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, Mrs. Schauer

Address, No. 1059 Harford Ave

Remarks, Bal. Md

8 9 7 0 0 0/8 8 0 7 3

been conferred) its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissione
shall occur without the attendance of a physician or practitioner o
attendance upon the mother, immediately thereafter it shall beco
child to report its birth to the Commissioner of Health, in the mann
any such person or persons who shall hereafter fail to comply wi
jected to the fine of ten (10) dollars for each offence, to be recovered

Wm J C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 88129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 6th 1897
4. Place of Birth, (Street and Number) [illegible] St
5. Full Name of Mother, Jennie Snaggar
6. Mother's Maiden Name, Jennie Lahmer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Snaggar
9. Father's Occupation Labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary C Pungy

Address, 222 Bank St.

Remarks, City

8 9 7 0 0 0 8 0 7 4

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 88130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6 Dec
4. *Place of Birth, (Street and Number)* 1320 Orleans St
5. *Full Name of Mother,* Berkie Simon
6. *Mother's Maiden Name,* Spandau
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Isaac Simon
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulberg

Address, 1802 Edgemont Ave

Remarks,

8 7 7 0 0 0 8 0 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* December 6th 1897.

4. *Place of Birth, (Street and Number)* 1925 W. Lanvale St.

5. *Full Name of Mother,* Sophia I. Blair

6. *Mother's Maiden Name,* Sophia I. Payne

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Furman R. Blair

9. *Father's Occupation* Salesman

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Dr Mrs Hunter

Address, 2810 Appleton St

Remarks,

8 7 7 0 0 0 8 0 7 6

shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 88132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 6th
4. Place of Birth, (Street and Number) 245 S. Regester St.
5. Full Name of Mother, Mary Cermák
6. Mother's Maiden Name, Mareš
7. Mother's Birthplace, Bohemian
8. Full Name of Father, James Cermák
9. Father's Occupation Butcher
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 838 S. Bond St.

Remarks,

8 4 7 0 0 0 8 0 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88138

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Dec 6th 1897.
4. Place of Birth, (Street and Number) 1358 Calhoun St
5. Full Name of Mother, Catherine Ames.
6. Mother's Maiden Name, Catherine Briscoe
7. Mother's Birthplace West River, A. A. County Md
8. Full Name of Father, Harry J. Ames.
9. Father's Occupation, Waiter
10. Father's Birthplace, Camden N. J.

Name of Medical Attendant, or other Person who makes this Return Edward E. Mackenzie MD

Address, Biddle & Eutaw Pl

Remarks, This child lived one hour — was an eight month child

8910008078

[illegible] any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

1286.]

RETURN OF A BIRTH. 88134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Dec 6th 1897.
4. *Place of Birth, (Street and Number)*	#2120 Ramsay St.
5. *Full Name of Mother,*	Mrs. Nanette Dietrich
6. *Mother's Maiden Name,*	Miss " Regimann
7. *Mother's Birthplace,*	Wertenberg Germany
8. *Full Name of Father,*	Gottlieb Dietrich
9. *Father's Occupation*	Brewer
10. *Father's Birthplace,*	Wertenberg Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	#2008 N. Henry St
Remarks,	

8 9 7 0 0 0 8 0 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the physician or practitioner in the shall occur without the mother, immediately to the Commissioner of Health, in attendance upon birth to the Commissioner of this section shall be sub- child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

GIVEN NAME ADDED 1-23-52

RETURN OF A BIRTH. 88135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Vernon Norwood Lincoln

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 6 1877

4. Place of Birth, (Street and Number) ~~Do~~ 708 Portland St

5. Full Name of Mother, Laura M. Lincoln

6. Mother's Maiden Name, Hight

7. Mother's Birthplace, New Jersey.

8. Full Name of Father, W. K. R. Lincoln

9. Father's Occupation Gas Fitter

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, L Norwood Lee

Address, 734 W Fayette St

Remarks, 8 4 7 0 0 0 0 0 8 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 88136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child 1897

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 December
4. Place of Birth, (Street and Number) 1448 Batery Av
5. Full Name of Mother, Florence Stevens
6. Mother's Maiden Name, Florence Sadler
7. Mother's Birthplace, Washington
8. Full Name of Father, William E. Stevens
9. Father's Occupation Police Sargeant
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Brooks

Address, 1828 Light St

Remarks, Daing Will

8 9 7 0 0 0 8 0 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236

RETURN OF A BIRTH.

88137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child 1897

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 December
4. Place of Birth, (Street and Number) 70 E Heath St
5. Full Name of Mother, Mary Bush
6. Mother's Maiden Name, Mary Fogle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Bush
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Elya Brooks

Address, 1828 Light St

Remarks, Daing Well

8 9 7 0 0 0 8 0 8 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 88138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 7/37
4. *Place of Birth, (Street and Number)* 1035 West Lombard St
5. *Full Name of Mother,* Ellen V. Keller
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Baltimore M.D
8. *Full Name of Father,* George F Keller
9. *Father's Occupation* Glass Blower
10. *Father's Birthplace,* Baltimore M D

Name of Medical Attendant, or other person who makes this Return, Mrs O Hayer

Address, 924 Hollins St

Remarks,

8 9 7 0 0 0 8 0 8 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male - Philip Frederick Gottling
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 7 - 1897.
4. Place of Birth, (Street and Number) 1134 Myette Ave.
5. Full Name of Mother, Hattie B. Gottling
6. Mother's Maiden Name, Shields
7. Mother's Birthplace, City
8. Full Name of Father, Bernhart F. Gottling
9. Father's Occupation Paper Carrier.
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, C. M. Cook M.D.

Address, 1052 Myette Ave.

Remarks, Full name added by Stepmother upon applying for a transcript. Attd of Gottling O. S. E. Wehr Reg. Sept 21-1932.

Wm. J. C. Dulany Co., City Printers and Stationers.

Mgr - mother

[illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 7/57
4. *Place of Birth, (Street and Number)* 904 Lemmon st
5. *Full Name of Mother,* Kate Gilchrist
6. *Mother's Maiden Name,* " Hayes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Gilchrist
9. *Father's Occupation* Teamster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs O Hayer

Address, 924 Hollins st

Remarks, 6 9 7 0 0 9 8 0 8 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. [illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 7th 1897
4. *Place of Birth, (Street and Number)* 1418 Jericho Alley
5. *Full Name of Mother,* Mary Mathews
6. *Mother's Maiden Name,* Mary Smith
7. *Mother's Birthplace,* Baltimore M.d.
8. *Full Name of Father,* John W. Mathews
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore M.d

Name of Medical Attendant, or other person who makes this Return, Mary Harvey

Address, 1809 Lawrence St

Remarks, 8 9 7 0 0 0 8 0 8 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recov[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Femal
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 7, 1897
4. Place of Birth, (Street and Number) 1101 South Howard St
5. Full Name of Mother, Martha A Frank
6. Mother's Maiden Name, Martha A Sanders
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Frank
9. Father's Occupation Laver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 910 Leaden Hall St

Remarks, 8 10 8 9 7 0 0 0 8 0 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 of December
4. Place of Birth, (Street and Number) 1722 Frederick Av.
5. Full Name of Mother, Frida Knopf
6. Mother's Maiden Name, Müller
7. Mother's Birthplace, New York
8. Full Name of Father, Georg Knopf
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Anna Beuchelt

Address, 1914 W. Pratt st.

Remarks, 1 8 9 7 0 0 0 8 0 8 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH [illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 1st 1897
4. *Place of Birth, (Street and Number)*	No 240 N. Wolfe Street
5. *Full Name of Mother,*	Lizzie Seibert
6. *Mother's Maiden Name,*	Lizzie Hartman
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John Seibert
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Mrs Anna Lang Midwife
Address,	1539 Aliceanna Street
Remarks,	1897 0 0 0 0 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. [illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William H. F. Warthen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 8 1897
4. Place of Birth, (Street and Number) 325 S Monroe
5. Full Name of Mother, Franklin F Warthen
6. Mother's Maiden Name, Minnie L Blake age 22 yrs
7. Mother's Birthplace, Bact Md
8. Full Name of Father, Rev Franklin F Warthen age 40 yrs
9. Father's Occupation, Clergyman
10. Father's Birthplace, Bact Md

Name of Medical Attendant, or other person who makes this Return, Robert K Kneale Md

Address, 1001 W Fairvale Ln

Remarks, 8 9 7 0 0 0 8 0 9 0

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH [illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 3.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* December 7th 1897
4. *Place of Birth, (Street and Number)* No 1307 E Baltimore St.
5. *Full Name of Mother,* Ellen Gormly
6. *Mother's Maiden Name,* Conn
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Gormly
9. *Father's Occupation* Saloonkeeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, J Ridgway André M.D.

Address, 1123 E Balto St.

Remarks, 8 9 7 0 0 0 8 0 9 1

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are [illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 7 1897
4. *Place of Birth, (Street and Number)* 1016 E Lexington St
5. *Full Name of Mother,* Rosa Fox
6. *Mother's Maiden Name,* Rosa Gudelevitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Lazar Fox
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finebers

Address, 25 S Lloyd St

Remarks, 8 7 7 0 0 0 0 0 9 2

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents ... child to report its birth to the Commissioner of Health, in the manner and within the period above required ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-20-62

RETURN OF A BIRTH. 88148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Joseph Schneiderman

~~[illegible]~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 7 1897
4. Place of Birth, (Street and Number) 1162 McElderry
5. Full Name of Mother, Beckie Schneiderman
6. Mother's Maiden Name, " Schwartz
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Schneidermann
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman

Address, 42. Albemarle St.

Remarks, 8970008093

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* December 7/1897.

4. *Place of Birth, (Street and Number)* 1123 Woodyear street.

5. *Full Name of Mother,* Mary L Holland

6. *Mother's Maiden Name,* Ballard

7. *Mother's Birthplace,* Sumner Co. Tenn.

8. *Full Name of Father,* Henry Holland

9. *Father's Occupation* Laboring.

10. *Father's Birthplace,* Sumner Co. Tenn.

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 1124 Saratoga St

Remarks, 8 7 7 0 0 0 3 0 Balto Md

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, ... said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first third day of each and every month to the office of the Commissioner of Health. In case the birth of any ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person ... attendance upon the mother, immediately thereafter it shall become the duty, of the person or persons ... child to report its birth to the Commissioner of Health, in the manner and within the period above required. ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 7th.
4. *Place of Birth, (Street and Number)* 16/6 Thames St.
5. *Full Name of Mother,* Elizabeth Zoronsky
6. *Mother's Maiden Name,* Inarsky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Anthony Zoronsky
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, S. Bond St. 838

Remarks, 8970008095

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the
third day of each and every month to the office of the Commissioner of Health. In case the birth of
shall occur without the attendance of a physician or practitioner of midwifery, or should no other
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents
child to report its birth to the Commissioner of Health, in the manner and within the period above req
any such person or persons who shall hereafter fail to comply with the provisions of this section shall
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) w
3. Date of Birth. ~~1823 n Fulton Av.~~ Dec 7/97
4. Place of Birth, (Street and Number) 1823 n. Fulton Av.
5. Full Name of Mother, Susanna Linsenmeyer
6. Mother's Maiden Name, Bunn
7. Mother's Birthplace, City
8. Full Name of Father, Frank Linsenmeyer
9. Father's Occupation machinist
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Edw. C. Bubert MD.

Address, 2420 Penna Ave

Remarks, 8 9 7 0 0 0 8 0 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 1892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child 1897

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 December
4. *Place of Birth, (Street and Number)* 1012 E Cleman St
5. *Full Name of Mother,* Esther Wentz
6. *Mother's Maiden Name,* Esther Mullen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Olmer Wentz
9. *Father's Occupation* Liner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Brooks

Address, 1828 Light St

Remarks, 897000 Dining 97 Well

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 1893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 7th 1897
4. *Place of Birth, (Street and Number)* 1813 W. Franklin St.
5. *Full Name of Mother,* Julius M. Johnson
6. *Mother's Maiden Name,* Julius M. Towill
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John T. Johnson
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Edw Plummer M.D.

Address, 1710 W. Franklin St. City

Remarks, 8 9 7 0 0 0 8 0 9 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the date and place of ... third day of each and every month to the office of the Commissioner of Health. In case the birth ... shall occur without the attendance of a physician or practitioner of ... attendance upon the mother, immediately thereafter it shall become ... child to report its birth to the Commissioner of Health, in the manner and within the period above ... any such person or persons who shall hereafter fail to comply with the provisions of this section ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are ...

RETURN OF A BIRTH. 8899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 7 1897
4. *Place of Birth, (Street and Number)* 715 Port St
5. *Full Name of Mother,* Mary Numan
6. *Mother's Maiden Name,* Mary Smecht
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ernst Numan
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 Canton St

Remarks, 8 9 7 0 0 0 8 0 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH [illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 7 1897
4. *Place of Birth, (Street and Number)* Woodbury Balto Md 511 forth St
5. *Full Name of Mother,* Ella V Mulks
6. *Mother's Maiden Name,* Ella V Lamey
7. *Mother's Birthplace,* Mt Washington Balto Co Md
8. *Full Name of Father,* Charles A Mulks
9. *Father's Occupation* employed in Cotton Mill of Wm E Hooper & Sons
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return

Address, Martha E King 845 Fishergate City

Remarks, 8970008100

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec-8-97
4. Place of Birth, (Street and Number) 650 Columbia Ave
5. Full Name of Mother, Mrs Punick
6. Mother's Maiden Name, Miss Tenzenfield
7. Mother's Birthplace, Germany
8. Full Name of Father, Harry Punick
9. Father's Occupation J. Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. C. Lindsey

Address, 801 N Fayette St

Remarks, 8970008101

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the
third day of each and every month to the office of the Commissioner
shall occur without the attendance of a physician or practioner of mi
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with the
jected to the fine of ten (10) dollars for each offence, to be recovered as

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th of December 94
4. *Place of Birth, (Street and Number)* 2103 Frederick Road
5. *Full Name of Mother,* Lovia Hauswald
6. *Mother's Maiden Name,* Lovia Krüne
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jakob Ph. Hauswald
9. *Father's Occupation* Bäcker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kessler Midwife

Address, 2116 W Pratt St

Remarks, 8970008102

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 1897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Col.

3. *Date of Birth,* Dec 8 97

4. *Place of Birth, (Street and Number)* Md. Gen. Hosp.

5. *Full Name of Mother,* Sarah Carter.

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Va.

8. *Full Name of Father,* Philip Walker.

9. *Father's Occupation* Waiter

10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return, W L Todd

Address, Md Gen Hosp

Remarks, 8970008103

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH [illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December the 8 " 18 " 97
4. *Place of Birth, (Street and Number)* Dover st No 18 " 35
5. *Full Name of Mother,* ida Sadler
6. *Mother's Maiden Name,* ida Klarner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Anton Sadler
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 19. 22 Mitchins Ave

Remarks, 8 9 7 0 0 0 3 1 0 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth of shall occur without the attendance of a physician or practioner of midwifery, or should no other person attendance upon the mother, immediately thereafter it shall become the duty of the person or parents child to report its birth to the Commissioner of Health, in the manner and within the period above required any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH [illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 8th 1897.
4. *Place of Birth, (Street and Number)* Baltimore # 400 S Calhoun St.
5. *Full Name of Mother,* Mary Stevens
6. *Mother's Maiden Name,* Beck
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Harry Stevens
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Kenning

Address, # 414 S Stricker St. Baltimore Md

Remarks. Mother and Child are doing well.

8970008105

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 8 1897
4. *Place of Birth, (Street and Number)*	137 Harrison St
5. *Full Name of Mother,*	Rosa Lebowitch
6. *Mother's Maiden Name,*	" Circus
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Nathan Lebowitch
9. *Father's Occupation*	Store Keeper
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Wm E. Scherman
Address,	42 Albemarle St.
Remarks,	

8970008106

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White,

3. *Date of Birth,* December 8th, 1897

4. *Place of Birth, (Street and Number)* 842 Eutaw St.

5. *Full Name of Mother,* Agatha C. Berger.

6. *Mother's Maiden Name,* Agatha C. Loane.

7. *Mother's Birthplace,* Baltimore.

8. *Full Name of Father,* John M. Berger.

9. *Father's Occupation* Electrician,

10. *Father's Birthplace,* York, Pa.

Name of Medical Attendant, or other person who makes this Return, Wilmer Bonitow, M.D.,

Address, S.W. Cor. Calvert & Preston Sts.

Remarks,

8 4 7 0 0 0 8 1 0 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 8763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th 4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9th 8 of Dec 1897
4. *Place of Birth, (Street and Number)*	No 940 Harford Ave
5. *Full Name of Mother,*	Kate McLaughlin
6. *Mother's Maiden Name,*	Kate Gamson
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James McLaughlin
9. *Father's Occupation,*	Brassmoulder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Sch Lauer
Address,	No 1059 Harford Ave
Remarks,	Bal Md

8 7 7 U 0 0 6 8 1 9 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between ... third day of each and every month to the office of the Commissioner of Health. In case the birth ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other ... attendance upon the mother, immediately thereafter it shall become the duty of the person or ... Child to report its birth to the Commissioner of Health, in the manner and within the period above ... any such person or persons who shall hereafter fail to comply with the provisions of this section ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Youth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 8th
4. *Place of Birth, (Street and Number)* #625 Lucan Place
5. *Full Name of Mother,* Louisa Cunninger
6. *Mother's Maiden Name,* Louisa Kitz
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Kitz
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary A. Pertner

Address, 244 W. Chester st

Remarks,

8970008109

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 8783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Baltimore Dec 8 1897
4. *Place of Birth, (Street and Number)* 1206 Pennsylvania Ave
5. *Full Name of Mother,* Golda Stein
6. *Mother's Maiden Name,* Golda Rosenfeld
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Alice Stein
9. *Father's Occupation,* Clothing Store
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Lena Barker

Address, 147 N. Exeter St

Remarks, 8970008110

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88/66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8 Dec 97
4. *Place of Birth, (Street and Number)* 101 Roselyn St
5. *Full Name of Mother,* Rose Eckhardt
6. *Mother's Maiden Name,* " Lillye
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Eckhardt
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Geo E. Jewell

Address, 650 E. Fort Ave

Remarks,

8970008111

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 8867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents ... child to report its birth to the Commissioner of Health, in the manner and within the period above required ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 8th 1897.
4. *Place of Birth, (Street and Number)* 645 Ensor st.
5. *Full Name of Mother,* Mary R. Davis
6. *Mother's Maiden Name,* " " Hunt
7. *Mother's Birthplace,* Baltimore Co.
8. *Full Name of Father,* Thos. E. Davis
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Martinsburg, W. Va.

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M. D.

Address, 1219 N. Caroline st.

Remarks,

8970008112

Wm. J. C. Dulany Co., City Printers and Stationers.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedules, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, and shall set forth after the full name and occupation of the father in the form of a certificate between the first said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health, or should no other person be in attendance of midwifery, of the person or parents of the child to report its birth to the Commissioner of Health, in the manner and within the period above required. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 88

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-88168

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec. 8, 1897
4. Place of Birth, (Street and Number)	419 S. Sharp
5. Full Name of Mother,	Bessie Rosenstein
6. Mother's Maiden Name,	Bessie Minovitz
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Charles Rosenstein
9. Father's Occupation	Tailor
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return.	Dr. Wm. Rubinstein
Address,	120 W. Barre St
Remarks,	897000811 3

RETURN OF A BIRTH. 58169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 8 day of December
4. *Place of Birth, (Street and Number)* No 260 S Dallas st
5. *Full Name of Mother,* Lusie Bucket
6. *Mother's Maiden Name,* Lusie Hainer
7. *Mother's Birthplace,* North Chuney
8. *Full Name of Father,* Patrick Bucket
9. *Father's Occupation* Laber
10. *Father's Birthplace,* Prince gorge county Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Caroline Paddison

Address, No 815 North Dallas st

Remarks, born as well as can effect

8 9 7 U 0 0 8 1 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* (Dember) December 8th.
4. *Place of Birth, (Street and Number)* 506 S. Bethel St.
5. *Full Name of Mother,* Frances Volensky
6. *Mother's Maiden Name,* Kovalsky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Alexander Volensky
9. *Father's Occupation* City work.
10. *Father's Birthplace,* Pole.

Name of Medical Attendant, or other person who makes this Return, Mary Prett.

Address, 838 S. Bond St.

Remarks,

8 9 7 0 0 0 8 1 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86171

GIVEN NAME ADDED 11-9-36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles ~~Edward~~ Wenzel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) w.
3. Date of Birth, Dec 8th 97
4. Place of Birth, (Street and Number) 1112 N Strickerish
5. Full Name of Mother, Gussie ~~Meisel~~ Wenzel
6. Mother's Maiden Name, Meisel
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joshua H Wenzel
9. Father's Occupation Time keeper at Balto. Consolidated Traction Co.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Charles H Bubert

Address, 1928 Penna Ave.

Remarks,

8970008116

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1906.]

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth of any shall occur without the attendance of a physician or practioner of midwifery, or should no other person attendance upon the mother, immediately thereafter it shall become the duty of the person or parents child to report its birth to the Commissioner of Health, in the manner and within the period above required any such person or persons who shall hereafter fail to comply with the provisions of this section shall be jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 88172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 8 1897
4. *Place of Birth, (Street and Number)* 816 Druid Hill Ave.
5. *Full Name of Mother,* Annie Leveen
6. *Mother's Maiden Name,* Annie Bluem
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jack Leveen
9. *Father's Occupation* Storekeeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 25 Lloyd St

Remarks,

8 4 7 0 0 0 3 1 1 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 8670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, December 8th 1897
4. Place of Birth, (Street and Number) 607 N. Eutaw
5. Full Name of Mother, Mary Buell Jones
6. Mother's Maiden Name, Jessica Ann Maryland
7. Mother's Birthplace, Milton Buell
8. Full Name of Father, Motorman
9. Father's Occupation Baltimore
10. Father's Birthplace, J. H. Scruff MD

Name of Medical Attendant, or other person who makes this Return, 14 E Read St

Address,

Remarks,

8670008118

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner ... the date and place of birth ... third day of each and every month to the office of the Commissioner in the form of a certificate between the ... shall occur without the attendance of a physician or practitioner ... Commissioner of Health. In case the birth of any ... attendance upon the mother, immediately thereafter it shall be ... shall become the duty of the person or persons ... child to report its birth to the Commissioner of Health, in the manner and within the period above required. ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are ...

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wh
3. *Date of Birth,* 12-5-97
4. *Place of Birth, (Street and Number)* 220 St Paul
5. *Full Name of Mother,* Emma M Bell
6. *Mother's Maiden Name,* " Benton
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Thos H Bell
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, D Fleming

Address, 115 W Saratoga

Remarks,

8970008119

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* December 9th 1897.
4. *Place of Birth, (Street and Number)* Maternité - 115 W. Lombard
5. *Full Name of Mother,* Ida Simmons
6. *Mother's Maiden Name,* Ida Simmons
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, E. Boyston M.D.

Address, 115 W. Lombard St.

Remarks,

1897 0008120

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 55176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of child to report its birth to the Commissioner of Health, in the manner and within the period above required; any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 December 1897
4. Place of Birth, (Street and Number) 902 Ann St
5. Full Name of Mother, Zofie Nadolska
6. Mother's Maiden Name, Z Kostoska
7. Mother's Birthplace, Germany
8. Full Name of Father, Pett Padolny
9. Father's Occupation Tobacco
10. Father's Birthplace, Austryia

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 72 Ann St

Remarks, Baltimore

1897000 8121

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 9. 97
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Annie Butler
6. Mother's Maiden Name, "
7. Mother's Birthplace, "
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D. Lowe

Address, 622 W Lombard

Remarks,

18970008122

the Commissioner of Health. In case the birth of any ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required. ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 55178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 9, 1877.
4. Place of Birth, (Street and Number) 2809 Hampden ave.
5. Full Name of Mother, Emily White.
6. Mother's Maiden Name, Owens.
7. Mother's Birthplace, Md.
8. Full Name of Father, Edward John White.
9. Father's Occupation Lamplighter.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas H. Mitchell M.D.

Address, 791 Chestnut ave

Remarks,

1897 0008123

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth of shall occur without the attendance of a physician or practitioner of midwifery, or should no other person attendance upon the mother, immediately thereafter, it shall become the duty of the person or parent child to report its birth to the Commissioner of Health, in the manner and within the period above required any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 9/97
4. *Place of Birth, (Street and Number)* 2524, E. Payette St.
5. *Full Name of Mother,* Emma Daubert
6. *Mother's Maiden Name,* " Kriegbaum
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Louis Daubert
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer.

Address,

Remarks, MIDWIFE.

1 8 9 7 0 0 0 3 1 2 4 2225 Gough St. Baltimore, Md.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 8846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in child to report its birth to the Commissioner of Health, in the manner and within the period above any such person or persons who shall hereafter fail to comply with the provisions of this section jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 9/97
4. *Place of Birth, (Street and Number)* 641 S. Montford Ave.
5. *Full Name of Mother,* Augusta J. Larsen
6. *Mother's Maiden Name,* " " Tilgust
7. *Mother's Birthplace,* Sweden
8. *Full Name of Father,* Joseph Larsen
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Sweden

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8970008125

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	Dec 9th 97
4. *Place of Birth, (Street and Number)*	Md Gen Hosp.
5. *Full Name of Mother,*	Mollie Smith.
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Abby Dent
9. *Father's Occupation*	Glass blower.
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	M & Todd
Address,	Md Gen Hosp
Remarks,	

8 9 7 0 0 0 3 1 2 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 1892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practicer of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above named; any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9th of December 91.
4. *Place of Birth, (Street and Number)*	2015 Christian St
5. *Full Name of Mother,*	Clara Fränkel
6. *Mother's Maiden Name,*	Clara Spickter
7. *Mother's Birthplace,*	Polen
8. *Full Name of Father,*	Joseph Fränkel
9. *Father's Occupation*	Tayler
10. *Father's Birthplace,*	Pole.
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W Pratt St
Remarks,	

8 9 7 0 0 0 3 1 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Dec 9 87
4. Place of Birth, (Street and Number) 914 Little Pine.
5. Full Name of Mother, Caroline Neal.
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father, John Neal
9. Father's Occupation Oyster shucker
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, Md. Gen Hosp

Remarks,

1 8 7 7 0 0 0 3 1 2 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents above required to report its birth to the Commissioner of Health, in the manner and within the period above required. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896.]

RETURN OF A BIRTH. 88184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 9 Dec 1897
4. *Place of Birth, (Street and Number)* 1609 Orleans St
5. *Full Name of Mother,* Mary Carberry
6. *Mother's Maiden Name,* " Reynolds
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Richard Carberry
9. *Father's Occupation* Police
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs R Gilbig

Address, 1302 E Lexington

Remarks,

1897 0008129

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the ... third day of each and every month to the office of the Commissioner of Health. In case the birth of ... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents ... child to report its birth to the Commissioner of Health, in the manner and within the period above required. ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88150

GIVEN NAME ADDED 8-7-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frieda M. Kettler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 and 7

1. Sex, (state whether male or female) 2 Girls
2. Race or Color, (if not of the white race)
3. Date of Birth, 9 December 1897
4. Place of Birth, (Street and Number) 2022 W. Pratt St.
5. Full Name of Mother, Theresia Kettler
6. Mother's Maiden Name, Weber
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Kettler
9. Father's Occupation Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Anna Reuchelt

Address, 1014 W. Pratt St.

Remarks,

18970008130

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 9, 1897
4. *Place of Birth, (Street and Number)* 1124 Russell St
5. *Full Name of Mother,* Harriett Truxon
6. *Mother's Maiden Name,* Harriett Coleman
7. *Mother's Birthplace,* Havre de grace Harford Co. Md
8. *Full Name of Father,* John Truxon
9. *Father's Occupation* Liver
10. *Father's Birthplace,* Denton Md Co Md

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 915 Leaden Hall St

Remarks, $10

18970008131

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 55187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 9 1897
4. *Place of Birth, (Street and Number)* 2909 Hudson St
5. *Full Name of Mother,* Kate Gossage
6. *Mother's Maiden Name,* Kate Cooney
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm L Gossage
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, W. C. Sandrock

Address, 1242 N. Broadway

Remarks,

1897 0 0 0 8 1 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 9 1897

4. *Place of Birth, (Street and Number)* 135 S Spring St

5. *Full Name of Mother,* Rosa Krantzberg

6. *Mother's Maiden Name,* " Hannerle

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Sam. Krantzberg

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E. Schuman

Address, 42 Albemarle St.

Remarks,

1897 0008133

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 9 '97
4. *Place of Birth, (Street and Number)* 1464 Whitlock St
5. *Full Name of Mother,* Cora Sweney
6. *Mother's Maiden Name,* Cora Sweney
7. *Mother's Birthplace,* Pensylvania
8. *Full Name of Father,* James Stansbury
9. *Father's Occupation* Motorman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, J Melan

Address, 2316 Druid Hill Ave

Remarks,

1 8 9 7 0 0 0 8 1 3 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are rec[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 88198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall occur, and required that every person practicing midwifery in the City register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 9th 1897
4. Place of Birth, (Street and Number) 1227 Holbrook St
5. Full Name of Mother, Eva M. Hinkle
6. Mother's Maiden Name, Eva M. Doat
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Harry Hinkle
9. Father's Occupation, Brass Moulder
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, N. G. Patson

Address, 1301 N. Central Ave.

Remarks, 18970008135

Wm J C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 88191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 9 — 1897
4. *Place of Birth, (Street and Number)* 2010 Bank St.
5. *Full Name of Mother,* Jennie Belle Teufel
6. *Mother's Maiden Name,* Mitchel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Marcus Teufel
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970008136

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered [illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Dec. 9th, 1897.
4. Place of Birth, (Street and Number) 400 E 24th St.
5. Full Name of Mother, Eva C. Leech
6. Mother's Maiden Name, Eva C. Walker.
7. Mother's Birthplace, Pittsburgh Pa.
8. Full Name of Father, G Thomas Leech
9. Father's Occupation, Balto Consolidated Ry Co.
10. Father's Birthplace, St Marys Co Md.

Name of Medical Attendant, or other person who makes this Return, Hugh Forsythe.

Address, 2311 Barclay Street.

Remarks, 8970008137

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 december 1897
4. *Place of Birth, (Street and Number)* 1594 Burroughs st
5. *Full Name of Mother,* Francis, E. Sycett
6. *Mother's Maiden Name,* Francis, E. Knight
7. *Mother's Birthplace,* Baltimore, city
8. *Full Name of Father,* John. T. Sycett
9. *Father's Occupation* Gabor
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1407 Nicholson st city

Remarks,

1 8 9 7 0 0 0 8 1 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec. 9-"97
4. Place of Birth, (Street and Number) 1328 Calhoun Street (N)
5. Full Name of Mother, Hattie Jones
6. Mother's Maiden Name, Hattie Scholfax
7. Mother's Birthplace, Pocomoke Md
8. Full Name of Father, Charles Jones
9. Father's Occupation Laborer
10. Father's Birthplace, Pocomoke

Name of Medical Attendant, or other person who makes this Return, Milton D. Brown M.D.

Address, 1324 N. Calhoun St.

Remarks,

1 8 9 7 0 0 0 8 1 3 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth. Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or persons attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of the child to report its birth to the Commissioner of Health, in the manner and within the period above required. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 88196

GIVEN NAME ADDED 1/11/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Adolph Fuestle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Balto Dec 9th 1896
4. *Place of Birth, (Street and Number)* Monticello Ave
5. *Full Name of Mother,* Lizzie
6. *Mother's Maiden Name,* Flack
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Leonard Fuestle
9. *Father's Occupation* Piano Tuner
10. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other person who makes this Return, J. Pa. Flack M.D.

Address,

Remarks,

8970003140

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child 1897
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9 December
4. *Place of Birth, (Street and Number)*	1627 Clarkson St
5. *Full Name of Mother,*	Fanie Eckert
6. *Mother's Maiden Name,*	Fanie Whitigan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Eckert
9. *Father's Occupation*	Clerk Farman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Elza Brooks
Address,	1828 Light St
Remarks,	Dairy Well

8970008141

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents with any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-88197

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore .....
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 3211 Dolphin Street
(If rural give location)

3. Full name of child Laura Pleasant Gilpin

4. Date of birth Dec. 10, 1897
(Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Eliot Gilpin
10. Color or race W 11. Age at time of this birth ..... yrs.
12. Birthplace Baltimore, Maryland
(City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Catherine Pleasants
16. Color or race W 17. Age at time of this birth ..... yrs.
18. Birthplace Virginia
(City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar January 19 1898

25. Signed Dr. Ch. Hampson Jones
Registrar

26. Given name added ..... by Registrar per .....

(Signed) Robert E. Farber, M.D. M. D.
Physician (or midwife) who attended this birth (Midwife)
or .....
Commissioner of Health and Registrar

Address ..... Date .....

VS 100

RETURN OF A BIRTH. 88118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Bessie Margaret

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 10th Dec 97
4. Place of Birth, (Street and Number) 1926 Light St
5. Full Name of Mother, Maria Mitchell
6. Mother's Maiden Name, " Arnold
7. Mother's Birthplace, Balto
8. Full Name of Father, David Mitchell
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E. Yewell

Address, 600 E. Fort Ave

Remarks,

8970008143

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the date and place of birth and the third day of each and every month to the office of the Commissioner of Health. In case the birth [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are [illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88/99

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th of Dec
4. *Place of Birth, (Street and Number)* 907 Madison ave
5. *Full Name of Mother,* Lizzie Tipton
6. *Mother's Maiden Name,* Lizzie Dobbins
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Mitchell Tipton
9. *Father's Occupation* Baggage Master on the Annapolis Short Line
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 W Coppeton St

Remarks,

8970003144

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 10th 1899
4. Place of Birth, (Street and Number) 2630 Frisby St Waverly
5. Full Name of Mother, Mary Edith Roberts
6. Mother's Maiden Name, Mary Edith Shields
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Roberts
9. Father's Occupation Window Dresser
10. Father's Birthplace, Bristol England

Name of Medical Attendant, or other person who makes this Return, William J. Pittsburg

Address, 2535 York Road

Remarks,

1 8 9 7 0 0 0 3 1 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Com[illegible] Health. This schedule shall contain a list of the births which have occurred under his or her cure [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are [illegible]

Film 6507 - 5-12-77 A W CERTIFICATE AMENDED

RETURN OF A BIRTH. 88201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME Stephen Leland Simmons O'Connor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, Dec 10th 1897
4. Place of Birth, (Street and Number) 2002 Elliot
5. Full Name of Mother, Julia ~~Conors~~ O'Connor
6. Mother's Maiden Name, Julia Simmons
7. Mother's Birthplace, Balto
8. Full Name of Father, John ~~Conors~~ O'Connor
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary J Swayne

Address, 894 Canton Sq.

Remarks,

8970008146

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 88202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 10th 1897
4. Place of Birth, (Street and Number) 1614 Eastern ave.
5. Full Name of Mother, Annie Manthe
6. Mother's Maiden Name, Annie Wistirz
7. Mother's Birthplace, Germany
8. Full Name of Father, Daniel Manthe
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary I Swayne

Address, 824 Lanvale St.

Remarks, 8970000147

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 10th 1897.
4. Place of Birth, (Street and Number) Baltimore Md # 409 S Gilmore St
5. Full Name of Mother, Ellen Meerdter
6. Mother's Maiden Name, Rodney
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George Meerdter
9. Father's Occupation Wood Worker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Kraning.

Address, # 414 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well.

8970008148

Wm. J. C. Dulany Co., City Printers and Stationers.

88204

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 10th, 1897
4. Place of Birth, (Street and Number) 858 W. North Ave
5. Full Name of Mother, Irene Morris
6. Mother's Maiden Name, Irene Schultheis
7. Mother's Birthplace, ~~Birthpl~~ Baltimore Md
8. Full Name of Father, Ralph Morris
9. Father's Occupation Student
10. Father's Birthplace, Georgia

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore, Md

8 9 7 0 0 0 8 1 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 10, 1897.
4. Place of Birth, (Street and Number) 1901 Oak St.
5. Full Name of Mother, Katherine Emma St. Clair.
6. Mother's Maiden Name, England.
7. Mother's Birthplace, Md.
8. Full Name of Father, Watson Lee St. Clair.
9. Father's Occupation Motorman.
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

18970008150

Wm. J. C. Dulany Co., City Printers and Stationers.

246.]

RETURN OF A BIRTH. 88206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th

1. *Sex, (state whether male or female)* (White) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 10 1897

4. *Place of Birth, (Street and Number)* 706 E Baltimore St

5. *Full Name of Mother,* Theresa Schmeizel

6. *Mother's Maiden Name,* Bergmeyer

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Joseph Schmeizel

9. *Father's Occupation* Restaurant

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs E. Schermann

Address, 42. Albemarle St

Remarks,

1897 0008151

been conferred), its sex, color, the full name and occupa... said schedule shall be delivered, duly signed by the prac... third day of each and every month to the office of the ... shall occur without the attendance of a physician or p... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail to c... jected to the fine of ten (10) dollars for each offence, to b...

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 58207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 Dec
4. Place of Birth, (Street and Number) 1247 Eleanor St
5. Full Name of Mother, Susan Hamilton
6. Mother's Maiden Name, Meyer
7. Mother's Birthplace, Balto
8. Full Name of Father, Edwin Hamilton
9. Father's Occupation Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Illig

Address, 1302 E Lexington St

Remarks,

8 4 7 0 0 0 3 1 5 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 88208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 10th
4. *Place of Birth, (Street and Number)*	#248 Bond st
5. *Full Name of Mother,*	Rosie Rice
6. *Mother's Maiden Name,*	Rosie Robinson
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	George Rice
9. *Father's Occupation*	Book-keeper
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mary L. Pertner
Address,	241 E. Chester st.
Remarks,	

1897 0 0 0 8 1 5 3

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RETURN OF A BIRTH. 88209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 10th 1897
4. Place of Birth, (Street and Number) 1909 Druid Hill Ave
5. Full Name of Mother, Martha Ella Haskell
6. Mother's Maiden Name, Carson
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Geo C. Haskell
9. Father's Occupation, Architect
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Alf H Powell M D

Address, 800 Park-ave

Remarks,

1 8 9 7 0 0 0 8 1 5 4

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1280.]

RETURN OF A BIRTH. 88210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 10th 1897
4. *Place of Birth, (Street and Number)* 1542 Bruce St
5. *Full Name of Mother,* Mary L Dicky
6. *Mother's Maiden Name,* Mary Boyce
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James W. Blick
9. *Father's Occupation* Lobster
10. *Father's Birthplace,* Colbert Co

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey

Address, 1809 Lorman St

Remarks,

8970008155

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 8824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, 10 Dec. 1897.

4. Place of Birth, (Street and Number) Clifton + 9th (Walbrook)

5. Full Name of Mother, Lilian Botts,

6. Mother's Maiden Name, Nelson,

7. Mother's Birthplace, Richmond, Va,

8. Full Name of Father, Thos. H. Botts,

9. Father's Occupation Commission (Flour) Merch't,

10. Father's Birthplace, Charlestown, W. Va.

Name of Medical Attendant, or other person who makes this Return, Dr. Engle M. D.

Address, 1007 W. Fayette

Remarks,

8970008156

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 10. 1897
4. *Place of Birth, (Street and Number)* 118 Weber
5. *Full Name of Mother,* Mrs. Frances Rizac
6. *Mother's Maiden Name,* " Hadaz
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Wenzl Rizac
9. *Father's Occupation* Clothing Cutter
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return, John H. Grosbans, M.D.

Address, 1303 Light St

Remarks,

18970008157

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RETURN OF A BIRTH. 88218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 10. 1897
4. *Place of Birth, (Street and Number)* 1714 Fort ave
5. *Full Name of Mother,* Annie Neveker
6. *Mother's Maiden Name,* Conway
7. *Mother's Birthplace,* America
8. *Full Name of Father,* William Neveker
9. *Father's Occupation* labor
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

8 4 7 0 0 0 8 1 5 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 88214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule, and shall enter the same on blank schedule, to be furnished to him or her care of the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child (if any) born alive since the last report, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any) have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of the marriage of the parents, and the number of children born to the mother, including the child or children born at the birth of such child. Every such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the date and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the date and third day of each and every month to the office of the Commissioner of Health. In case the birth of any person be in the City of Baltimore, and shall enter the same on blank schedule, to be furnished to him or her care of the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any) have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of the marriage of the parents, and the number of children born to the mother, including the child or children born at the birth of such child. Every such

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RETURN OF A BIRTH. 88215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child 1897

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 December
4. Place of Birth, (Street and Number) 1271 William St
5. Full Name of Mother, Mary E Johnston
6. Mother's Maiden Name, Mary E Heneman
7. Mother's Birthplace, Alexandria Va
8. Full Name of Father, H E Johnston
9. Father's Occupation Employed by the City
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Elya Brooks

Address, 1828 Light St

Remarks, Daring Well

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 10 1897

4. Place of Birth, (Street and Number) The Johns Hopkins Hospital

5. Full Name of Mother, Mary Pullen

6. Mother's Maiden Name, Mary Pullen

7. Mother's Birthplace, Virginia

8. Full Name of Father, Charlie Ross

9. Father's Occupation Farmer

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Geo L Dob Jr M.D.

Address, The Johns Hopkins Hospital.

Remarks,

8 9 7 0 0 0 3 1 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88217

GIVEN NAME ADDED 3-1-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Nicholas Ray

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex*, (state whether male or female)	Male
2. *Race or Color*, (if not of the white race)	
3. *Date of Birth*,	Dec 10th 1897
4. *Place of Birth*, (Street and Number)	25 Railroad Ave. West Woodberry
5. *Full Name of Mother*,	Elizabeth Catherine Ray
6. *Mother's Maiden Name*,	Elizabeth C. Morgenwick
7. *Mother's Birthplace*,	Balt. Co. Md.
8. *Full Name of Father*,	Howard W. Ray
9. *Father's Occupation*	Employee in cotton factory
10. *Father's Birthplace*,	Balt. Co. Md
Name of Medical Attendant, or other person who makes this Return,	Geo. R. Shower, M.D.
Address,	421 Roland Ave.
Remarks,	

1897U008162

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec 10th 1897

4. *Place of Birth, (Street and Number)* 14 Plymouth Ave W. Woodberry

5. *Full Name of Mother,* Lillian Williams

6. *Mother's Maiden Name,* Lillian Rice

7. *Mother's Birthplace,* Northumberland Co. Va.

8. *Full Name of Father,* Eugene C. Williams

9. *Father's Occupation* Moulder

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 421 Roland Ave.

Remarks,

18970008163

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 of December 1897
4. *Place of Birth, (Street and Number)* 1519 Esland ave
5. *Full Name of Mother,* Babry Vaniček
6. *Mother's Maiden Name,* Babry Staněk
7. *Mother's Birthplace,* Bohimen
8. *Full Name of Father,* Frank Vaniček
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace,* Bohimen

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1010 Durham str

Remarks,

8 9 7 0 0 0 8 1 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 11th, 1897
4. Place of Birth, (Street and Number) 530 Forrest st.
5. Full Name of Mother, Mrs. Wilhelmina Kesting
6. Mother's Maiden Name, Jung
7. Mother's Birthplace, Germany
8. Full Name of Father, Mr. Wm. T. Kesting
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant or other person who makes this Return, Wm. E. Miller M.D.

Address, 2239 Penna. Ave

Remarks,

8 9 7 0 0 0 8 1 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 11/97
4. *Place of Birth, (Street and Number)* 526 N. Montford Ave.
5. *Full Name of Mother,* Maggie Schmitt
6. *Mother's Maiden Name,* " Ruth
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Schmitt
9. *Father's Occupation* Molder
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 4 7 0 0 0 8 1 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 11 1897
4. Place of Birth, (Street and Number) 907 West Fayette Street
5. Full Name of Mother, Gussie Kahn
6. Mother's Maiden Name, Gussie Meyer
7. Mother's Birthplace, Germany
8. Full Name of Father, Sigmund Kahn
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo to Dobbin M D

Address, The Johns Hopkins Hospital

Remarks, Placenta Praevia Centralis.

1897 00088167

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th of December 97.
4. *Place of Birth, (Street and Number)* 2113 Booth St.
5. *Full Name of Mother,* Margaretha Knauer
6. *Mother's Maiden Name,* Margaretha Murphy
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Georg Knauer
9. *Father's Occupation* Plasterer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St.

Remarks,

8 9 7 0 0 0 8 1 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 11th 1897
4. *Place of Birth, (Street and Number)*	209 N Chapel Street
5. *Full Name of Mother,*	Rosie Greul
6. *Mother's Maiden Name,*	Rosie Kionell
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Joseph Greul
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs H Kbern Midwife
Address,	1922 E Fayette Street
Remarks,	

8470003169

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GIVEN NAME ADDED

RETURN OF A BIRTH. 88225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sophia Wilhelmina Zeller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th Dezember 1897
4. *Place of Birth, (Street and Number)* 129 W West St
5. *Full Name of Mother,* Emma Zeller
6. *Mother's Maiden Name,* Emma Eckardt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph F Zeller
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Winch

Address, 800 Leadenhall Street.

Remarks,

1 8 9 7 0 0 0 8 1 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 11
4. *Place of Birth, (Street and Number)* 1513 Race St
5. *Full Name of Mother,* Lena Clark
6. *Mother's Maiden Name,* " " Koehnlein
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Frank Joseph Clark
9. *Father's Occupation* R. R. Brakeman
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs Mill of

Address, 800 Lenten Hall Street

Remarks,

8 9 7 0 0 0 3 1 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Dec 11th, 1897
4. *Place of Birth, (Street and Number)* 715 Stirling St.
5. *Full Name of Mother,* Stella Cole
6. *Mother's Maiden Name,* Stella Dorsey
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Howard Cole
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

8970008172

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 11. 1897
4. *Place of Birth, (Street and Number)* Baltimore. Md. No. 518 Wyeth. St.
5. *Full Name of Mother,* Mary. Elizabth. Ratcliffe
6. *Mother's Maiden Name,* Mary. Elizabth. Gillland
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles. O. Ratcliffe
9. *Father's Occupation* Pressman Tobacco Worker
10. *Father's Birthplace,* Baltimore. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 111 Cross Street

Remarks,

1 8 9 7 0 0 0 8 1 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-30-51

RETURN OF A ~~BIRTH~~ 88229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Otradovec

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 of December 1897
4. *Place of Birth, (Street and Number)* 2007 Eslamd ave
5. *Full Name of Mother,* Mary Otradovec
6. *Mother's Maiden Name,* Mary Kozecky
7. *Mother's Birthplace,* Bohimen
8. *Full Name of Father,* Tims Otradovec
9. *Father's Occupation* Musischen
10. *Father's Birthplace,* Bohimen

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1010 Durham str

Remarks,

8 9 7 0 0 0 8 1 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 11th 1897
4. *Place of Birth, (Street and Number)*	770 Columbia
5. *Full Name of Mother,*	Bertha Ferree
6. *Mother's Maiden Name,*	Bertha Bingel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas D. Ferree
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	B. F. Phillips M D
Address,	820 W Fayette St
Remarks,	

1 8 9 7 0 0 0 8 1 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-14-60

RETURN OF A BIRTH.

S5231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Stanley Arthur Foster Second
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	December 4th 1897
4. Place of Birth, (Street and Number)	712 Jefferson St Waverly
5. Full Name of Mother,	Mattie L. Foster
6. Mother's Maiden Name,	Mattie L. Lurey
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Frank K. Foster
9. Father's Occupation,	Plumber
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Dr. G. Watson
Address,	1307 N. Central Ave.
Remarks,	8970008176

practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are [illegible]

RETURN OF A BIRTH.

GIVEN NAME ADDED 1-15-63 88232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

W. Edward Fleishman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 11, 1897
4. Place of Birth, (Street and Number) 821 E. Pratt St
5. Full Name of Mother, Ide Fleishman
6. Mother's Maiden Name, — Krausberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Hyman Fleishman
9. Father's Occupation Cloak maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, H. Flinder M.D.

Address, 143 N. Front St

Remarks,

8970008177

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 12 1897
4. Place of Birth, (Street and Number) 1612 Boston St.
5. Full Name of Mother, Mamie Leishear
6. Mother's Maiden Name, Mamie Doofield
7. Mother's Birthplace, City
8. Full Name of Father, Thos Leishear
9. Father's Occupation Merchant
10. Father's Birthplace, Howard County

Name of Medical Attendant, or other person who makes this Return, Edwin Green

Address,

Remarks,

1897 U 0088178

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 12, 1897.
4. Place of Birth, (Street and Number) 337 Chestnut ave.
5. Full Name of Mother, Annie Gray McCleary.
6. Mother's Maiden Name, Erbick.
7. Mother's Birthplace, Md.
8. Full Name of Father, Richard C. McCleary.
9. Father's Occupation Druggist.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Church Hospital M.D.

Address, 291 Chestnut ave.

Remarks,

18470008179

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) —

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* 12/26/97.
4. *Place of Birth, (Street and Number)* 917 Hanover Lane
5. *Full Name of Mother,* Mary Johnson.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Jas Johnson.
9. *Father's Occupation* Lab.
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Med Genl Hosp

Remarks,

18970008180

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 12th 1897
4. *Place of Birth, (Street and Number)*	1740 Eastern Ave
5. *Full Name of Mother,*	Anna Voreman
6. *Mother's Maiden Name,*	Anna Geerken
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Voreman
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs H Kelly Midwife
Address,	1922 E Fayette Street
Remarks,	

1897 0008181

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

~~88238~~ 88237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* Dec. 12. 97.
4. *Place of Birth, (Street and Number)* 1021 Somerset St.
5. *Full Name of Mother,* Mary Owens
6. *Mother's Maiden Name,* Mary McElroy
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Daniel Owens
9. *Father's Occupation* furnace builder.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Fr. J. Sebald M.D.

Address, 1002 Aisquith St.

Remarks,

1 8 9 7 0 0 0 8 1 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 12th, 1897
4. Place of Birth, (Street and Number) 1426 Philpot Alley
5. Full Name of Mother, Mary Britner
6. Mother's Maiden Name, Mary Ross
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Britner
9. Father's Occupation Helper on garbage-cart
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hospital

Remarks, Baltimore, Md.

8970008183

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3?.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 12, 1897.
4. Place of Birth, (Street and Number) 154 Cedar ave.
5. Full Name of Mother, Lizzie B. Snelling.
6. Mother's Maiden Name, Dixon.
7. Mother's Birthplace, Md.
8. Full Name of Father, Gordon B. Snelling.
9. Father's Occupation Laborer.
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Kirkbull M. D.

Address, 291 Chestnut ave.

Remarks, —

1897 U 0008184

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) M.
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, 12/16 97
4. Place of Birth, (Street and Number) Md Gen Hosp.
5. Full Name of Mother, Estella Powell
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm Hall.
9. Father's Occupation Waiter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, H L Todd

Address, Md Gen Hosp

Remarks,

8 4 7 0 0 0 8 1 8 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* 12/25/97
4. *Place of Birth, (Street and Number)* Md Genl Hosp.
5. *Full Name of Mother,* Cora Brooks
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Wilson Johnson
9. *Father's Occupation* Lab.
10. *Father's Birthplace,* Unknown

Name of Medical Attendant, or other person who makes this Return, M L Tidd

Address, Md Genl Hosp

Remarks,

1 8 9 7 0 0 0 8 1 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	12/30/97
4. *Place of Birth, (Street and Number)*	Md Genl Hosp.
5. *Full Name of Mother,*	Leary Webster.
6. *Mother's Maiden Name,*	" Williams
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Chas Webster
9. *Father's Occupation*	Lab.
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	M L Ford
Address,	Md Genl Hosp.
Remarks,	

8 4 7 0 0 0 8 1 8 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

~~88243~~
88243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, 12/10 '95
4. Place of Birth, (Street and Number) Md Genl Hosp.
5. Full Name of Mother, ~~[illegible]~~ ~~[illegible]~~ Mamie Robison
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Va.
8. Full Name of Father, Jas. Yerby.
9. Father's Occupation Oysterman.
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md Genl Hosp.

Remarks,

8 9 7 0 0 0 8 1 8 8

[illegible] day signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Name: Albert P. Tucker

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 12. 1897
4. Place of Birth, (Street and Number) 1723 N Carolina st.
5. Full Name of Mother, Annie Evenia Tucker
6. Mother's Maiden Name, " " Magilly
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, William M. Tucker
9. Father's Occupation Bank Clerk
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Jno A Hartman M.D.

Address, 113 N Carolina st.

Remarks,

8 4 7 U 0 0 8 1 8 9

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

336.]

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Dec 12/97
4. *Place of Birth, (Street and Number)* No 1800 E Madison Ave
5. *Full Name of Mother,* Katie Schwartz
6. *Mother's Maiden Name,* Horn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Schwartz
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr L. Gross.

Address, 1907 E Monument Str

Remarks,

1897 U 0038190

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec. 14, 1897

4. *Place of Birth, (Street and Number)* 2034 Fairmount ave.

5. *Full Name of Mother,* Ella V. Linhardt

6. *Mother's Maiden Name,* " " Browning

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Linhardt.

9. *Father's Occupation* Salesman

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, O. Edward Janney, M.D.

Address, 837 N. Eutaw St.

Remarks,

8 4 7 U 0 0 8 1 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...practitioner in the form of a certificate, the date and place of birth, and the ...the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner ...attendance upon the mother, immediately thereafter. It shall ...child to report its birth to the Commissioner of Health, in the ...any such person or persons who shall hereafter fail to comply ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 12 of December 1897
4. *Place of Birth, (Street and Number)* No 1204 Cinquetth St
5. *Full Name of Mother,* Mary Muller
6. *Mother's Maiden Name,* Mary Braun
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Josh Muller
9. *Father's Occupation,* Milk Dairy
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Ch Lauer

Address, No 1054 Harford Ave

Remarks, Bal Md

1897 0 0 8 1 9 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

238.j

RETURN OF A BIRTH. 88248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 13th 1892.
4. *Place of Birth, (Street and Number)* #2210 Linton Ave. Balto.
5. *Full Name of Mother,* Minnie Creamer.
6. *Mother's Maiden Name,* Minnie Ernest.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* James Creamer.
9. *Father's Occupation* Brass finisher.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor.

Address, #611 S. Patterson Pk. Ave Balto.

Remarks,

8970003193

Wm. J. C. Dulany Co., City Printers and Stationers.

1938.]

RETURN OF A BIRTH. 88249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 of December
4. *Place of Birth, (Street and Number)* 804 Castle str
5. *Full Name of Mother,* Louis Thrum
6. *Mother's Maiden Name,* Louis Hlachta
7. *Mother's Birthplace,* Bohimen
8. *Full Name of Father,* Frank Thrum
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace,* Bohimen

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1110 Durham st

Remarks,

8 4 7 0 0 0 3 1 9 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

88250

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* December 12th 97
4. *Place of Birth, (Street and Number)* Baltimore Md. 8198 monument st
5. *Full Name of Mother,* Mary Susie Johnson
6. *Mother's Maiden Name,* M Susie Jones
7. *Mother's Birthplace,* Essex Co Va
8. *Full Name of Father,* Eli Johnson
9. *Father's Occupation* moving furniture
10. *Father's Birthplace,* Montgomery Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs F. Myers

Address, 722 Bradley st

Remarks,

8970008195

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 12th 1897
4. *Place of Birth, (Street and Number)* 605 Jefferson St. Laundry
5. *Full Name of Mother,* Bertha Clinton McConnell
6. *Mother's Maiden Name,* Bertha Clinton Mitten
7. *Mother's Birthplace,* Fowblesbury Balto. Co. Md.
8. *Full Name of Father,* Owen McConnell
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Chester Co. Md.

Name of Medical Attendant, or other person who makes this Return, William J. Pillsbury

Address, 2535 York Road. City

Remarks,

8970008196

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 12/1897
4. Place of Birth, (Street and Number) # 108. North Chester St
5. Full Name of Mother, Maud C. Robinson
6. Mother's Maiden Name, Maud C. Wells
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George C. Robinson
9. Father's Occupation Machinist
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, N. J. Bashiell, M.D.

Address, 2340 Madison Avenue

Remarks. Born 12.05 A. M.

8970008197

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 88253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 12th 97.
4. *Place of Birth, (Street and Number)* 1612 Bolton St.
5. *Full Name of Mother,* Mary Schofield Leishear
6. *Mother's Maiden Name,* Mary C Schofield.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Leishear
9. *Father's Occupation* Grain Commission Merchant
10. *Father's Birthplace,* Howard Co. Md

Name of Medical Attendant, or other person who makes this Return, Robt T. Wilson

Address, 820 Park Ave

Remarks,

8 9 7 0 0 0 3 1 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec. 12/97
4. *Place of Birth, (Street and Number)* 914 Homer St.
5. *Full Name of Mother,* Nacissa White
6. *Mother's Maiden Name,* " Grace
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Abraham White
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Thos M Lumpkin M.D.

Address, 412 S Paca St.

Remarks,

1897000 3199

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

236

RETURN OF A BIRTH. 88258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race)

3. Date of Birth, 12 of December

4. Place of Birth, (Street and Number) 1848 Eagle Str. [h]

5. Full Name of Mother, Rosa Hoffmann

6. Mother's Maiden Name, Moritz

7. Mother's Birthplace, Galiezien

8. Full Name of Father, Netta Hofmann

9. Father's Occupation Schomacher

10. Father's Birthplace, Galliezien

Name of Medical Attendant, or other person who makes this Return, Anna Bienhelt

Address, 1914 W. Pratt str.

Remarks,

1 8 9 7 0 0 0 8 2 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 8825-6

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec. 12, 97
4. *Place of Birth, (Street and Number)* 1013 Jenkins Al
5. *Full Name of Mother,* Annie Hall
6. *Mother's Maiden Name,* Annie Hall
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Louis Robinson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return J. A. Gillis M.D.

Address, 437 W Biddle

Remarks,

8 9 7 0 0 0 8 2 0 1

...born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 88254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec. 12th 1897
4. Place of Birth, (Street and Number) 838 Granby st.
5. Full Name of Mother, Mary Kreipel
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Georg Kreipel
9. Father's Occupation Carpenter
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1897 00000202

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 88258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male Lawrence Baker Sheppard
2. Race or Color, (If not of the white race) White
3. Date of Birth, Dec 13 – 1897
4. Place of Birth, (Street and Number) 1508 John St
5. Full Name of Mother, ~~Nettie~~ Henrietta D Shephard
6. Mother's Maiden Name, ~~Nettie~~ Henrietta D Ayres
7. Mother's Birthplace, Virginia
8. Full Name of Father, Harper D Shephard
9. Father's Occupation Salesman
10. Father's Birthplace, N. Carolina

Name of Medical Attendant, or other person who makes this Return, T. W. Keown M D

Address, 848 W. North Ave

Remarks, Full name of child added by me Nov 5-1928

8970 T W Keown M D 203

1938 Linden Ave

Dist 29/33

Recorded by me

T W Keown M D

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 13th, 1897
4. *Place of Birth, (Street and Number)* 1510 Holbrook St.
5. *Full Name of Mother,* Clara Estelle Richards
6. *Mother's Maiden Name,* Jenkins
7. *Mother's Birthplace,* St. Michael, Talbott Co., Md.
8. *Full Name of Father,* Jacob Richards.
9. *Father's Occupation* Broom-maker
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Walter Bolgiano M.D.

Address, 2020 N. Charles St.

Remarks,

1897 0008204

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88260

GIVEN NAME ADDED 2-14-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Clarence McKinley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 th Phillips

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 13th 1897
4. Place of Birth, (Street and Number) 1743 Carlisle Place
5. Full Name of Mother, Mary C. Phillips
6. Mother's Maiden Name, Mary C. Peregoy
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Wm J. Phillips
9. Father's Occupation Can-maker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M D

Address, Johns Hopkins Hosp

Remarks, Baltimore, Md.

1897 0008205

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 13/97
4. *Place of Birth, (Street and Number)* 2316 Cambridge Pr.
5. *Full Name of Mother,* Tillie Rock
6. *Mother's Maiden Name,* " Weitzel
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Rock
9. *Father's Occupation* Washmt
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 8 2 0 6

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

RETURN OF A BIRTH. 85262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec. 13. (11. 50. P. M.)
4. Place of Birth, (Street and Number) 2026 Light Street.
5. Full Name of Mother, Nettie England,
6. Mother's Maiden Name, Helm,
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John, Peter England.
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kanne (for the

Address, Mothers Relief Society) 1412 Eutaw Place.

Remarks,

18970008207

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 13/97
4. *Place of Birth, (Street and Number)* 424 Hickory Ave
5. *Full Name of Mother,* Mary A Hood
6. *Mother's Maiden Name,* " " Umphreys
7. *Mother's Birthplace,* Balto Co Md
8. *Full Name of Father,* Jno O Hood
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, Wm H. Feddeman

Address, #102 Chestnut Ave

Remarks,

8970008208

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 86264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 13 1897
4. *Place of Birth, (Street and Number)* 1209 W Lexington St.
5. *Full Name of Mother,* Gertrude Hofstetter
6. *Mother's Maiden Name,* Albert
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Louis Hofstetter
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balt City

Name of Medical Attendant, or other person who makes this Return. W. Brewer M D

Address, 1106 McCulloh St.

Remarks,

1897 00086209

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 88265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 13th 1897

4. Place of Birth, (Street and Number) 414 L Dixon Ally

5. Full Name of Mother, Annie L. Miller

6. Mother's Maiden Name, Annie L. Rieman

7. Mother's Birthplace, Germany

8. Full Name of Father, Christian Miller

9. Father's Occupation Shoe Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary C. Cregg

Address, 2225 Bank St City

Remarks,

8970008210

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the [illegible] parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. $8266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 13/97
4. Place of Birth, (Street and Number) 1418 Eutaw Place, Baltimore
5. Full Name of Mother, Mabel Frances Barker
6. Mother's Maiden Name, Mabel Frances Mosure
7. Mother's Birthplace, Portland, Maine
8. Full Name of Father, John A. Barker
9. Father's Occupation Real Estate Broker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Howard A. Kelly

Address, 1406 Eutaw Place

Remarks,

8 4 7 0 0 0 8 2 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 6.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 13
4. Place of Birth, (Street and Number) 1163. N. Hamburg st.
5. Full Name of Mother, K. Ewald. Katarina Herman
6. Mother's Maiden Name, Katarina Herman
7. Mother's Birthplace, Germany.
8. Full Name of Father, C. W. August Ewald
9. Father's Occupation Tobake worker
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

8 7 7 U 0 0 8 2 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) N° 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13th of Dec
4. *Place of Birth, (Street and Number)* 409 N. Poppleton St.
5. *Full Name of Mother,* Hannah Kennedy
6. *Mother's Maiden Name,* Hannah Flaherty
7. *Mother's Birthplace,* Boston Mass
8. *Full Name of Father,* Alfred J Kennedy
9. *Father's Occupation* Police
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 2 3 No Poppleton St

Remarks,

8 9 7 0 0 0 8 2 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 13/97.
4. *Place of Birth, (Street and Number)* 49 S. Fulton ave
5. *Full Name of Mother,* Ella Parlett
6. *Mother's Maiden Name,* Ella Haupt
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Benj. F. Parlett
9. *Father's Occupation* Clerk.
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, A. H. Gaxton

Address, 113 b. Wilkinson St

Remarks,

8970008214

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 88270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec. 13 - 1899
4. Place of Birth, (Street and Number) 306 S. Eden St.
5. Full Name of Mother, Annie Brisco
6. Mother's Maiden Name, Cunningham
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Brisco
9. Father's Occupation Fireman on a Boat
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970008215

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 58271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 13th 1897
4. Place of Birth, (Street and Number) 2203 Cleveland Ave
5. Full Name of Mother, Susan M. Thomas
6. Mother's Maiden Name, Barrenger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Howard Thomas
9. Father's Occupation Lookoutsman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. P. Schwatka, M. D.

Address, 1003 N. Broadway

Remarks,

8 7 7 0 0 0 8 2 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1286.]

RETURN OF A BIRTH. 88272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 13 — 1897
4. *Place of Birth, (Street and Number)* 119 S Dallas St
5. *Full Name of Mother,* Sara L. Smith
6. *Mother's Maiden Name,* Glover
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Washington D C

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St

Remarks,

8 9 7 0 0 0 8 2 1 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

236.]

RETURN OF A BIRTH. 88273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female).* Female.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* Dec. 13/1897.
4. *Place of Birth, (Street and Number)* 713 Pierce st.
5. *Full Name of Mother,* Mamie Mans.
6. *Mother's Maiden Name,* Rhubottom.
7. *Mother's Birthplace,* Carrol Co.
8. *Full Name of Father,* Williame Mans.
9. *Father's Occupation* Teamster.
10. *Father's Birthplace,* Dem. Rep. South America

Name of Medical Attendant, or other person who makes this Return, Mary C Jones

Address, 1121 Saratoga St

Remarks, Balto Md

1897 0008218

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1238.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12 Dec
4. *Place of Birth, (Street and Number)* 1543 Orleans St
5. *Full Name of Mother,* Lizzie Judd
6. *Mother's Maiden Name,* Meyers
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Judd
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs R Ullrq

Address, 1302 E Lexington St

Remarks,

8 9 7 0 0 0 8 2 1 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

88275

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Gillespie Murray

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 14. 1897
4. Place of Birth, (Street and Number) ~~312~~ 32 Harford Road
5. Full Name of Mother, Mary Louisa Murray
6. Mother's Maiden Name, " " Readey
7. Mother's Birthplace, York Co. Penn.
8. Full Name of Father, John Columbus Murray
9. Father's Occupation Produce dealer
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Geo A Hartman M.D.

Address, 1121 N Caroline St

Remarks, GIVEN NAME ADDED. 1-15-52

1 8 9 7 0 0 0 8 2 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 88276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 14 – 1897
4. *Place of Birth, (Street and Number)* 4 S. Rose St.
5. *Full Name of Mother,* Faustine Yaeger
6. *Mother's Maiden Name,* Markenwich
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Yaeger
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 9 7 0 0 0 8 2 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

... the full name of each child, (if any shall have ... its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 88277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 14 1897
4. *Place of Birth, (Street and Number)* 1515 E Lombert St.
5. *Full Name of Mother,* Sadie Hansler
6. *Mother's Maiden Name,* Mc Elvee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William F. Hansler
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 7 7 0 0 0 3 2 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 14 / 97
4. *Place of Birth, (Street and Number)* 602 N Eden St
5. *Full Name of Mother,* Maggie Eff
6. *Mother's Maiden Name,* Waldhauser
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Otto Eff
9. *Father's Occupation* Wood turner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Evans

Address, 1907 E Monument St

Remarks,

1877000 3223

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 14/97
4. *Place of Birth, (Street and Number)* 1441 Decatur st
5. *Full Name of Mother,* Luella Silver
6. *Mother's Maiden Name,* Luella Harford
7. *Mother's Birthplace,* Balto city
8. *Full Name of Father,* John Silver
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto city

Name of Medical Attendant, or other person who makes this Return, E. Micheaux

Address, 411 S. Sharp st

Remarks,

8970008224

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 88280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec. 14. (11.45 P. M.)
4. Place of Birth, (Street and Number) 1607 Olive Street
5. Full Name of Mother, Emma Strack,
6. Mother's Maiden Name, Corney
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Carl August Strack,
9. Father's Occupation Painter
10. Father's Birthplace, Jasaw - Wollin - Germany

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kanne (for the

Address, Mothers Relief Society) 1412 Gutaw Place

Remarks.

1 8 9 7 0 0 0 8 2 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 14/97
4. Place of Birth, (Street and Number) 632 Hanover St.
5. Full Name of Mother, Hannah Carrender
6. Mother's Maiden Name, Slaughter
7. Mother's Birthplace, Cecil Co. Md.
8. Full Name of Father, Lewis Carrender
9. Father's Occupation Clerk
10. Father's Birthplace, Cecil Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 7 7 0 0 0 3 2 2 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 14 of December 1897
4. Place of Birth, (Street and Number) Gorsuch Ave Harford Ave
5. Full Name of Mother, Charlote Brewer
6. Mother's Maiden Name, Charlote Gildenferney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Brewer
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ch. Sauer

Address, No 1059 Harford Ave

Remarks, Bal. Md

1 8 9 7 0 0 0 6 2 2 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex, (~~state whether~~ male ~~or female~~)*
2. *Race or Color, (~~if not~~ of the white race)*
3. *Date of Birth,* Dec. 14th, 1897.
4. *Place of Birth, (Street and Number),* 1015 Arlington Ave
5. *Full Name of Mother,* Charlotta Welsh
6. *Mother's Maiden Name,* Bump
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles E. Welsh
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elias C. Price M. D.

Address, 1012 Madison Ave

Remarks,

1897000 8228

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

1236.]

RETURN OF A BIRTH. 58284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 14th 1897.
4. Place of Birth, (Street and Number) #2112 Eastern Ave. Balto.
5. Full Name of Mother, Mary Ecker.
6. Mother's Maiden Name, Mary Herman.
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Conrad L. Ecker.
9. Father's Occupation Cigar Maker.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor.

Address, #611 S. Patterson Pk. Ave.

Remarks, 8970008229

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 58285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sadie Splot 4

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 dcember dicember
4. *Place of Birth, (Street and Number)* 2423 etting St
5. *Full Name of Mother,* Sadie Splott
6. *Mother's Maiden Name,* Sadie Reubling
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Splott
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. M. J. Sheekey

Address, 731 Cumberland St

Remarks,

1 8 9 7 0 0 0 8 2 3 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3"

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Bl.
3. Date of Birth, 12-14-97
4. Place of Birth, (Street and Number) 1½ Mennymans Lane
5. Full Name of Mother, Nannie Mathews
6. Mother's Maiden Name, " Bolen
7. Mother's Birthplace, Md
8. Full Name of Father, John H. Mathews
9. Father's Occupation Cook
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, L. J. Long

Address, 115 W. Lombard.

Remarks,

1 8 9 7 0 0 0 8 2 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 14th 1897
4. *Place of Birth, (Street and Number)* 830 Huntington Ave
5. *Full Name of Mother,* Carrie Mitten
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John Mitten
9. *Father's Occupation* Sabner
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, R. B. Vormentrut

Address, 320 Falls Road

Remarks,

1 8 9 7 0 0 0 8 2 3 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male Charles C. Kable
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 14th 1897
4. Place of Birth, (Street and Number) Stricker St 1809
5. Full Name of Mother, Ida M Kable.
6. Mother's Maiden Name, Ida M Miller.
7. Mother's Birthplace, Charlestown West Virginia
8. Full Name of Father, Clarence C Kable.
9. Father's Occupation Motorman on the Cars
10. Father's Birthplace, Kabletown West Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs M. J. Shockney

Address, 731 Cumberland St

Remarks,

1897 0008233

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible]

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 14, 1897.
4. *Place of Birth, (Street and Number)* 15 Pearl st -
5. *Full Name of Mother,* Lena Jossel
6. *Mother's Maiden Name,* " Cohen
7. *Mother's Birthplace,* Russian Poland
8. *Full Name of Father,* Morris Jossel
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Rus. Poland

Name of Medical Attendant, or other person who makes this Return, J. C. Josephson, M.D.

Address, 214 S. Exeter St -

Remarks, Name Joseph Zelig

1897 U 003234

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 14 1897
4. Place of Birth, (Street and Number) 1124 Battery avenue
5. Full Name of Mother, Sadie S. Roark
6. Mother's Maiden Name, Sadie S. Roach
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles W. Roark
9. Father's Occupation Ship Carpenter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellemora A. Anderson

Address, 1434 Patapsco St

Remarks,

1897 U 000235

Wm. J. C. Dulany Co., City Printers and Stationers.

Signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 14th 1897
4. *Place of Birth, (Street and Number)* 1629 Race street
5. *Full Name of Mother,* Catherine Syder
6. *Mother's Maiden Name,* Catherine Bayner
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Frank Syder
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, No Doctor Required

Address, Mrs Donaldson No 204 Barney st

Remarks,

Mother & Child 8 2 3 6 Well

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 88292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 17/97
4. *Place of Birth, (Street and Number)* 3096 Cedar Ave
5. *Full Name of Mother,* Ella V Munnan
6. *Mother's Maiden Name,* " " Lewis
7. *Mother's Birthplace,* Ballo
8. *Full Name of Father,* Paul Munnan
9. *Father's Occupation* Brakeman R.R.
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Wm. H. Feddeman

Address, #102 Chestnut Ave

Remarks,

1 8 9 7 0 0 0 8 2 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88293

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14th Dec. 1897
4. Place of Birth, (Street and Number) 526 Cross St
5. Full Name of Mother, Mary Anna Plack
6. Mother's Maiden Name, Mary Anna Glatthaar
7. Mother's Birthplace, Eutaw St
8. Full Name of Father, John Plack
9. Father's Occupation, Machine hand.
10. Father's Birthplace, William St.

Name of Medical Attendant, or other person who makes this Return. Florence B. Thomas

Address, 907 S Fremont ave

Remarks,

18970008238

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 88294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Salvador

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec ber 14th 97

4. Place of Birth, (Street and Number) 48 Market Place

5. Full Name of Mother, Anna Salvo

6. Mother's Maiden Name, " Culotta

7. Mother's Birthplace, Italy

8. Full Name of Father, Joseph Salvo

9. Father's Occupation Shoemaker

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Marie F. Romano

Address, 302 N. High St

Remarks,

1897 0 0 0 8 2 3 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practioner of midwifery, or should no or parents of such immediately thereafter, it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 14 - 97.
4. *Place of Birth, (Street and Number)* 1525 N. Stricker st.
5. *Full Name of Mother,* Dora Holland
6. *Mother's Maiden Name,* " Haffner
7. *Mother's Birthplace,* City.
8. *Full Name of Father,* Elbert Holland
9. *Father's Occupation* Huckster
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Chas H Burbridge

Address, 1928 Penna Ave

Remarks,

1847000083240

Wm. J. C. Dulany Co., City Printers and Stationers.

said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4th

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12-14-97
4. *Place of Birth, (Street and Number)* 1946 Ridgewood St.
5. *Full Name of Mother,* Barbara M. Kearney
6. *Mother's Maiden Name,* Barbara M. Beck
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* William J. Kearney
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, Wm Grant M.D.

Address, 2104 W. North Ave.

Remarks,

1 8 9 7 0 0 0 8 2 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH 88297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 14 1847
4. Place of Birth, (Street and Number) Maiden Choice Lane
5. Full Name of Mother, Babette Lederer
6. Mother's Maiden Name, Babette Lederer
7. Mother's Birthplace, Germany
8. Full Name of Father, Peter Rohmer
9. Father's Occupation Teamster
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Frederick Ave.

Remarks,

8 9 7 0 0 0 8 2 4 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236

RETURN OF A BIRTH. 88298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child 1897

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 December
4. *Place of Birth, (Street and Number)* 1715 Patapsico St
5. *Full Name of Mother,* Mary Wurtsbacker
6. *Mother's Maiden Name,* Mary Hartsman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John F Wunbacker
9. *Father's Occupation* Box Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Brooks

Address, 1828 Light St

Remarks, Daing Well

1 8 9 7 0 0 0 8 2 4 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 88299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child 1897
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14 December
4. *Place of Birth, (Street and Number)*	1124 Charles St
5. *Full Name of Mother,*	Mollie Stallman
6. *Mother's Maiden Name,*	Mollie Vogelsaing
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Fredrick Stallman
9. *Father's Occupation*	Piano maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Elya Brooks
Address,	1828 Light St
Remarks,	Daing Well

1 8 9 7 0 0 0 8 2 4 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 88200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child 1897

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 December
4. Place of Birth, (Street and Number) 16 E West St
5. Full Name of Mother, Mary A Sumwalt
6. Mother's Maiden Name, Mary A Cunabaugh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard Thomas Sumwalt
9. Father's Occupation Porter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Elya Brooks

Address, 1828 Light St

Remarks, Daing Well

1 8 9 7 0 0 0 8 2 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88301

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Mullikin ~~Stevens~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 15th - 97
4. Place of Birth, (Street and Number) #661 Barre St
5. Full Name of Mother, Marry Bessie Stevens
6. Mother's Maiden Name, Marry Bessie Crowley
7. Mother's Birthplace, Balto City
8. Full Name of Father, Thomas Chaplain Stevens
9. Father's Occupation Shipping Clerk
10. Father's Birthplace, Talbot Co Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] Street

Remarks, OFFEN NAME ADDED 3-17-53

1 8 9 7 0 0 0 8 2 4 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236.]

RETURN OF A BIRTH. 88502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 6/97
4. *Place of Birth, (Street and Number)* 2648 Hunter ave
5. *Full Name of Mother,* Rosie Wolf
6. *Mother's Maiden Name,* " Dabid
7. *Mother's Birthplace,* Penn
8. *Full Name of Father,* Jacob B Wolf
9. *Father's Occupation* Brakeman
10. *Father's Birthplace,* Penn

Name of Medical Attendant, or other person who makes this Return, Wm A Feddeman

Address, 702 Chestnut Ave

Remarks,

8 9 7 U 0 0 8 2 4 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: William Stanley Allen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 14th 1897
4. Place of Birth, (Street and Number) #32 Stone Hill Mt Vernon
5. Full Name of Mother, Eva Allen
6. Mother's Maiden Name, Warfield
7. Mother's Birthplace, Maryland
8. Full Name of Father, Jas R Allen
9. Father's Occupation Druggist.
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, R B Townsend M.D.

Address, 320 Falls Road

Remarks,

1897 U 008248

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 15th 1897
4. *Place of Birth, (Street and Number)* Maternité - 115 West Lombard St.
5. *Full Name of Mother,* Mamie Wise
6. *Mother's Maiden Name,* Mamie Wise
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, E. Boynton M.D.

Address, 115 W. Lombard St.

Remarks,

8970008249

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 88305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 15/97
4. *Place of Birth, (Street and Number)* 1004 West Pratt St
5. *Full Name of Mother,* Mary Murphy
6. *Mother's Maiden Name,* " Kelly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Murphy
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. O'Hayer

Address, 924 Hollins St

Remarks,

1897 0003250

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236

RETURN OF A BIRTH. 88306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15 of November
4. *Place of Birth, (Street and Number)* 792 Frederick Road
5. *Full Name of Mother,* Veroni Kuppel
6. *Mother's Maiden Name,* Schmith
7. *Mother's Birthplace,* Russian
8. *Full Name of Father,* Rubin Koppel
9. *Father's Occupation* Schomacker
10. *Father's Birthplace,* Polen

Name of Medical Attendant, or other person who makes this Return, Anna Benchelt

Address, 1914 W. Pratt st.

Remarks,

8 9 7 0 0 0 8 2 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[286]

RETURN OF A BIRTH. 88307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15 December
4. *Place of Birth, (Street and Number)* 1917 Lamant str
5. *Full Name of Mother,* Patrony Lautinsky
6. *Mother's Maiden Name,* Lat
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Wenzel Lautinsky
9. *Father's Occupation* Merchant Tailor
10. *Father's Birthplace,* Russian

Name of Medical Attendant, or other person who makes this Return, Anna Bruchelt

Address, 1914 W. Pratt str

Remarks,

1 8 9 7 0 0 0 8 2 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 85308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male-Francis Leonard Kurch
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 15th.
4. *Place of Birth, (Street and Number)* 428 Eastern Ave
5. *Full Name of Mother,* Lena Kurch
6. *Mother's Maiden Name,* Lena Lewis
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Kurch
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary A. Pertner

Address, #247 S. Chester St.

Remarks, Full name added by father upon applying for a transcript. John F Kurch Balto 2 5 3 Welm - Reg. Dec. 7-1931

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 15/97
4. Place of Birth, (Street and Number) 535 N. Wolfe St.
5. Full Name of Mother, Carrie Konrad
6. Mother's Maiden Name, Frank
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. Konrad
9. Father's Occupation Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

1897 0 0 0 8 2 5 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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1236]

RETURN OF A BIRTH.

88310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 15-1897
4. Place of Birth, (Street and Number) 2207 Oregon Ave
5. Full Name of Mother, Mrs (Edna Pusha) Alma W. Bouchelle Green
6. Mother's Maiden Name, Alma W. Bouchelle
7. Mother's Birthplace, (Delaware) Maryland
8. Full Name of Father, Charles Green
9. Father's Occupation ~~Dough~~ Draftsman Navy Dept,
10. Father's Birthplace, Delaware

Name of Medical Attendant, or other person who makes this Return, E. E. Ullrich

Address, 11 N Carey St

Remarks,

1 8 9 7 0 0 0 8 2 5 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 15 97
4. Place of Birth, (Street and Number) 2117 E. Pratt St.
5. Full Name of Mother, Ella N. Gehrman
6. Mother's Maiden Name, " " Schoenhals
7. Mother's Birthplace, Balto.
8. Full Name of Father, Julius Gehrman
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer

Address, MIDWIFE

Remarks, 2225 Gough St. Baltimore, Md.

1897 U 00325 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-31-55

RETURN OF A BIRTH.

88812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hilda Gertrude ~~Horstman~~ Horstman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 15/97
4. Place of Birth, (Street and Number) 628 N. Madeira Str.
5. Full Name of Mother, Elizabeth Horstman
6. Mother's Maiden Name, " Pahle
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Horstman
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bisenhofer,

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 8 2 5 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 88813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 15 1897
4. *Place of Birth, (Street and Number)* 256 S. Dallas St.
5. *Full Name of Mother,* Elizabeth Sturla
6. *Mother's Maiden Name,* Royal
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Lawrence Sturla
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* New Orleans La.

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970008258

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec-15 97.
4. Place of Birth, (Street and Number) 605 W. Cider Alley
5. Full Name of Mother, Margaret Williams
6. Mother's Maiden Name, Margaret Simms
7. Mother's Birthplace, Howard Co.,
8. Full Name of Father, Wm. Williams
9. Father's Occupation, Janitor Univ. Md. Dental Dept.
10. Father's Birthplace, City.

Name of Medical Attendant, or other person who makes this Return, Dr. Geo. Turner

Address, 1814 N. Charles St.

Remarks,

1 8 9 7 0 0 0 8 2 5 9

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] is sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 15. 1897
4. Place of Birth, (Street and Number) 1610 Patapsco . St
5. Full Name of Mother, Sadie . Mullinix
6. Mother's Maiden Name, Sadie . Henry
7. Mother's Birthplace, Carroll . county . Md
8. Full Name of Father, George . Washington . Mullinix
9. Father's Occupation Fire man . Railroad
10. Father's Birthplace, Long . Corner . Howard . co . md

Name of Medical Attendant, or other person who makes this Return, Ellamora . a . anderson

Address, 1434 Patapsco . St

Remarks,

18970008260

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Dec 15 '97
4. *Place of Birth, (Street and Number)* No 722 Bradley Street Balt
5. *Full Name of Mother,* Lucy Ellen Jones
6. *Mother's Maiden Name,* " " " " Lorman
7. *Mother's Birthplace,* Bunker hill West va
8. *Full Name of Father,* William Wesley Jones
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Washington Dec

Name of Medical Attendant, or other person who makes this Return, Mrs. F. Myers

Address, 722 Bradley Street

Remarks, Confined

8 9 7 0 0 0 8 2 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Wednesday December 15th 1897.
4. Place of Birth, (Street and Number) 117 E. Lombard St.,
5. Full Name of Mother, Sarah Baker
6. Mother's Maiden Name, " Brenner.
7. Mother's Birthplace, Russia
8. Full Name of Father, Ronald Baker.
9. Father's Occupation, Grocery Store.
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Feldman

Address, 413 E. Lombard St.,

Remarks,

1897 0008262

Such conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. 88318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 15 1897
4. Place of Birth, (Street and Number) 308 N. Gilmor St
5. Full Name of Mother, Gertrude Price
6. Mother's Maiden Name, Gertrude Hook
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alfred Price
9. Father's Occupation Mariner
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Hus. Cook M.D.

Address, 914 N. Chapel St

Remarks,

1897000003263

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 15th. 1897
4. Place of Birth, (Street and Number) 233 Harrison St.
5. Full Name of Mother, Ida Levi
6. Mother's Maiden Name, Ida Calmanowitz
7. Mother's Birthplace, Suvalke Russ.
8. Full Name of Father, Joe Levi
9. Father's Occupation Plastering
10. Father's Birthplace, Suvalk Russ.

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansley

Address, 1022 E. Lombard St.

Remarks,

1897 U 008264

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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RETURN OF A BIRTH. 88320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child 1877
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15 December
4. *Place of Birth, (Street and Number)*	923 E Fairmount St
5. *Full Name of Mother,*	Mary Arnold
6. *Mother's Maiden Name,*	Mary Girvan Baltimore
7. *Mother's Birthplace,*	Maryland Arnold
8. *Full Name of Father,*	
9. *Father's Occupation*	Singer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	828 Light St
Remarks,	Daing Well

1 8 7 7 U 0 0 8 2 6 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 88821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 16/97
4. *Place of Birth, (Street and Number)* 525 Lombard st
5. *Full Name of Mother,* Kate Gaynor
6. *Mother's Maiden Name,* " Fick
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Gaynor
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs O'Hara

Address, 524 Hollins st

Remarks,

8 9 7 U 0 0 8 2 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

88322

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 16
4. Place of Birth, (Street and Number) 2852 Lanvale St
5. Full Name of Mother, Anna Daugherty
6. Mother's Maiden Name, Anna Stump
7. Mother's Birthplace, Calverton
8. Full Name of Father, E Franklin Daugherty B P
9. Father's Occupation Ticket Agent
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Peregoy

Address, 2847 Lanvale St

Remarks,

18970008267

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 16 1897
4. *Place of Birth, (Street and Number)* 336. E 20th
5. *Full Name of Mother,* Edith Clark
6. *Mother's Maiden Name,* Nimes
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Albert Clark
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Easton Md.

Name of Medical Attendant, or other person who makes this Return, H. Bayley M.D.

Address, 301 E. 22nd St

Remarks, Normal,

847U003268

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 16th 1897
4. *Place of Birth, (Street and Number)* 802 N. Charles St.
5. *Full Name of Mother,* Margaret Nevaka
6. *Mother's Maiden Name,* Eckhart.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. Washington Nevaka
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, A. J. Carrick M. D.

Address, 1204 Madison Ave

Remarks,

1897 0008269

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 16/97
4. Place of Birth, (Street and Number) 14 S. Durham Str.
5. Full Name of Mother, Rosa Siebiski
6. Mother's Maiden Name, Fischer
7. Mother's Birthplace, Germany
8. Full Name of Father, John Siebiski
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, M

8 9 7 0 0 0 8 2 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-14-59

RETURN OF A BIRTH.

88326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace Church

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 16/97
4. *Place of Birth, (Street and Number)* 21 N. Milton Ave.
5. *Full Name of Mother,* Lillie Church
6. *Mother's Maiden Name,* " Gihon
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* S. W. Church
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs. Deisenhofer

Remarks, MIDWIFE,

2225 Gough St. Baltimore, Md.

1 8 9 7 0 0 0 8 2 7 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* december the 16. 1897
4. *Place of Birth, (Street and Number)* ramsey St No 22.21
5. *Full Name of Mother,* anney M blankline
6. *Mother's Maiden Name,* anney M rote
7. *Mother's Birthplace,* howard C O M D
8. *Full Name of Father,* geoige blankline
9. *Father's Occupation* breakman B O
10. *Father's Birthplace,* howard C O M D

Name of Medical Attendant, or other person who makes this Return, Mrs S Tilley

Address, No 19.22 Milkins Ave

Remarks,

1 8 9 7 0 0 0 8 2 7 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Dec. 16th, 1897.
4. Place of Birth, (Street and Number) 927 McDonald St.
5. Full Name of Mother, Ellenora Jackson
6. Mother's Maiden Name, Ellenora Elex
7. Mother's Birthplace, Back River, Md.
8. Full Name of Father, John Jackson
9. Father's Occupation Drug clerk
10. Father's Birthplace, Bedford, Mass.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore, Md.

8 9 7 U 0 0 8 2 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec. 16 1897.
4. *Place of Birth, (Street and Number)*	Balto. Md. 1757 Mullikin St.
5. *Full Name of Mother,*	Sarah Frances Brady
6. *Mother's Maiden Name,*	Sarah Frances Edwards
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	William A. Brady
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Anne Arundel County Md.
Name of Medical Attendant, or other person who makes this Return,	Georgianna Brookes.
Address,	1751 Mullikin St.
Remarks,	Doctor Mc Evans please come and look at the baby's eyes. 1897000008274

said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of shall occur without the attendance of a physician or practitioner it shall become attendance upon the mother, immediately thereafter, in the manner child to report its birth to the Commissioner of Health, in the manner any such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

1236]

RETURN OF A BIRTH. 88330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	Dec. 16 1897
4. *Place of Birth, (Street and Number)*	Cider alley
5. *Full Name of Mother,*	Maria Louisa Williams
6. *Mother's Maiden Name,*	" " Scott
7. *Mother's Birthplace,*	Charles Co Md.
8. *Full Name of Father,*	Wm J. P. Williams
9. *Father's Occupation*	Dentist
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Annie M Dilvis
Address,	914 Leadenhall St.
Remarks,	

1897 0008275

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 88331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 16 1897
4. *Place of Birth, (Street and Number)* 1438 Eastern Ave.
5. *Full Name of Mother,* Annie Worogrotzsky.
6. *Mother's Maiden Name,* " Chopka Pitch
7. *Mother's Birthplace,* Russia.
8. *Full Name of Father,* Antony Worogrotzsky.
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherman.

Address, 45 Albemarle St.

Remarks,

8470008276

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 88332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 16th 1897.

4. Place of Birth, (Street and Number) 430 Calvin Ave.

5. Full Name of Mother, Mamie King

6. Mother's Maiden Name, Mamie Hilliard

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Winfield S. King.

9. Father's Occupation Contractor.

10. Father's Birthplace, Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, Greenmount Ave & 20th St.

Remarks, 1897 0008277

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Dec 14, 1897
4. *Place of Birth, (Street and Number)*	606 N. Balto St
5. *Full Name of Mother,*	Constance M. Wright
6. *Mother's Maiden Name,*	" " Wathraven
7. *Mother's Birthplace,*	Delaware
8. *Full Name of Father,*	Chas. M. Wright
9. *Father's Occupation*	Plumber
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	H. E. Knight M.D.
Address,	523 Scott St.
Remarks,	

8 7 7 U 0 0 8 2 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

1236 |

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th & 14th

1. *Sex, (state whether male or female)* Male & Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec 16 - 1897

4. *Place of Birth, (Street and Number)* 30 Blair Ave Ext.

5. *Full Name of Mother,* Amelia Dollinger

6. *Mother's Maiden Name,* Amelia Dehl

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Chas. Dollinger Jr.

9. *Father's Occupation* Huckster

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos. Cooke M.D.

Address, 914 N Charles St

Remarks,

1897 U 0088279

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RETURN OF A BIRTH.

88336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Dec 16th 1897.
4. Place of Birth, (Street and Number) 513 Cathedral St.
5. Full Name of Mother, Mary McRae Mackenzie.
6. Mother's Maiden Name, Mary Sherwin McRae.
7. Mother's Birthplace, Albemarle County. Va.
8. Full Name of Father, John P. Mackenzie.
9. Father's Occupation
10. Father's Birthplace, London — England.

Name of Medical Attendant, or other person who makes this Return, Robt T. Wilson

Address, 570 Park Ave.

Remarks,

1 8 9 7 0 0 0 8 2 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55336

GIVEN NAME ADDED 7/19/16

To the Office of Registrar of ~~Vital~~ Statistics, Board of Health, Baltimore City.

Name James Frank Winslow Webster

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* December 16th 1897
4. *Place of Birth, (Street and Number)* 107 Hillcrest Alley
5. *Full Name of Mother,* Jennie Webster
6. *Mother's Maiden Name,* Jennie Shuter
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Harry Webster
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson,

Address, 1024 Park Ave,

Remarks,

84700083281

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th December 1897
4. *Place of Birth, (Street and Number)* 219 N. Castle St.
5. *Full Name of Mother,* Marie Bullock
6. *Mother's Maiden Name,* Marie Funk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Bullock
9. *Father's Occupation* Butter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Ida Hill

Address, 219 N. Castle St

Remarks,

8 9 7 0 0 0 3 2 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

said Commissioner of Health, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 55335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 December 1897
4. *Place of Birth, (Street and Number)* 141 Andre St Baltimore City
5. *Full Name of Mother,* Jane howard
6. *Mother's Maiden Name,* Jane king
7. *Mother's Birthplace,* Staffordaz England
8. *Full Name of Father,* John T. howard
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Staffordaz England

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 141 Nicholson St city

Remarks,

1897 00083283

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 88339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex, (state ~~whether male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec. 16 1897
4. Place of Birth, (Street and Number) 2008 Druid Hill Ave.
5. Full Name of Mother, Mary C. Murguiondo
6. Mother's Maiden Name, Mary C. Young
7. Mother's Birthplace, Virginia
8. Full Name of Father, Victor D. Murguiondo
9. Father's Occupation Mileage Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Theo. Cooke MD

Address, 914 N. Charles St

Remarks, 1 8 9 7 0 0 0 8 2 8 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-11-58

RETURN OF A BIRTH.

88340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Esther Carp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 16th '97
4. *Place of Birth, (Street and Number)* Spring near Pratt
5. *Full Name of Mother,* Fanny Corp
6. *Mother's Maiden Name,* Fanny Corp
7. *Mother's Birthplace,* Rastov Rus.
8. *Full Name of Father,* Hyman Corp
9. *Father's Occupation* Plumer
10. *Father's Birthplace,* Rastov Rus.

Name of Medical Attendant, or other person who makes this Return, Yetta Klausansky

Address, 1022 E. Lombard St.

Remarks,

1 8 9 7 0 0 0 8 2 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 16th 1897
4. *Place of Birth, (Street and Number)*	1095 N Fayette
5. *Full Name of Mother,*	Mary Lassig Beckman
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Henry Lassig Jr
9. *Father's Occupation*	Druggist Man
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Chas E Sadler
Address,	1800 Baltimore St
Remarks,	1897 0003286

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 16th 1897
4. Place of Birth, (Street and Number) 410 W Hoffman St.
5. Full Name of Mother, Mary Sheridan
6. Mother's Maiden Name, Mary Cowen
7. Mother's Birthplace, Waterloo N.Y.
8. Full Name of Father, Patrick Sheridan
9. Father's Occupation Plumber
10. Father's Birthplace, N.Y.

Name of Medical Attendant, or other person who makes this Return, L. P. Bennett

Address, 1030 McCulloh St.

Remarks,

1 8 9 7 0 0 0 8 2 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 18343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec - 17th 1897.
4. Place of Birth, (Street and Number) 1914 Wilhelm St.
5. Full Name of Mother, Bertha Bell Ferguson
6. Mother's Maiden Name, Bertha Bell Forkhoff
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, James Ferguson
9. Father's Occupation Candy Maker
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, M. Bland Bird M.D.

Address, 2025 N. Pratt St.

Remarks,

84700088288

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 17 - 1897
4. *Place of Birth, (Street and Number)* 307 N. Central ave
5. *Full Name of Mother,* Carrie Elisabeth Haensler
6. *Mother's Maiden Name,* " " Meushke
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Jacob Haensler
9. *Father's Occupation* Collector
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, P. G. Dauschund

Address, 1731, E. Balto. st.

Remarks, Please send some envelopes

8 4 1 0 0 2 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88345

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 17 December
4. Place of Birth, (Street and Number) 43 Est Barney St
5. Full Name of Mother, Emma H Brewer
6. Mother's Maiden Name, Emma H Günther
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Orlando F Brewer
9. Father's Occupation Tiner
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 805 Lendenhall Street

Remarks,

+ 8970008290

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 December 1897
4. *Place of Birth, (Street and Number)* 705 Ann St
5. *Full Name of Mother,* Trece Oless
6. *Mother's Maiden Name,* T. Cebylska
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Elaxander Oless
9. *Father's Occupation* Model
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 Ann St

Remarks, Baltimore

1897 0 0 0 8 2 9 1

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 88347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Norman ~~Andrew~~ Emmerich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 17th 1897.
4. Place of Birth, (Street and Number) 746 W Hamburg St
5. Full Name of Mother, Ellen J. Emmerich
6. Mother's Maiden Name, Ellen J Emmerich
7. Mother's Birthplace, Balto City
8. Full Name of Father, Ludwick Emmerich
9. Father's Occupation Huckster
10. Father's Birthplace, Balto st

Name of Medical Attendant, or other person who makes this Return, G. W. Slater M.D.

Address, 1708 W. Fayette st.

Remarks,

1897 [illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88348

RETURN OF A BIRTH.

GIVEN NAME ADDED, 8-6-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Elizabeth Kern 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 17 1897
4. Place of Birth, (Street and Number) 108 N Mount St
5. Full Name of Mother, Nora Kern
6. Mother's Maiden Name, Nora O'Neal
7. Mother's Birthplace, Cumberland Md
8. Full Name of Father, Michael Kern
9. Father's Occupation Moulder
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, G. W. Slater Med

Address, 1783 W Fayette St

Remarks,

1897 0 0 0 8 2 9 3

Wm. J. C. Dulany Co., City Printers and Stationers

[illegible] its sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 17 97
4. Place of Birth, (Street and Number) 233 N. Milton Ave.
5. Full Name of Mother, Mary Elgenfritz
6. Mother's Maiden Name, C. J. Schmitt
7. Mother's Birthplace, Germany
8. Full Name of Father, James Elgenfritz
9. Father's Occupation Painter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

18 97 U 0003294

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 17/97
4. *Place of Birth, (Street and Number)* 2037 Gough St.
5. *Full Name of Mother,* Mary Leinbach
6. *Mother's Maiden Name,* Volz
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles Leinbach
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer

Address, MIDWIFE.

Remarks,

2225 Gough St. Baltimore, Md.

+ 8 4 7 0 0 0 8 2 9 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy Frederick Wm Roth
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 17 '97
4. *Place of Birth, (Street and Number)* 255 S. Bond St.
5. *Full Name of Mother,* Mary E. Roth
6. *Mother's Maiden Name,* " Benhoff
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father* John G. Roth
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 7 7 0 0 0 8 2 9 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 17 97
4. Place of Birth, (Street and Number) 1717 Federal St.
5. Full Name of Mother, Mary E. Wollman
6. Mother's Maiden Name, " " Karl
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred Wollman
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diesholer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 8 2 9 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible 1236.]

RETURN OF A BIRTH. 88353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 17 1897
4. *Place of Birth, (Street and Number)* No. 4 Tyler st. Homestead
5. *Full Name of Mother,* Louisa McKenzie
6. *Mother's Maiden Name,* Louisa Schuckhardt
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Frank McKenzie
9. *Father's Occupation* Hairworker
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Edwell M.D.

Address, 1741 Hanford ave.

Remarks,

1897 00088298

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17th of December 97.
4. *Place of Birth, (Street and Number)*	1900 W Lombard St
5. *Full Name of Mother,*	Louise Ulbrich
6. *Mother's Maiden Name,*	Louise Schlosser
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Wilhelm Ulbrich
9. *Father's Occupation*	Bütcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W Pratt St.
Remarks,	

897 0008299

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 58857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 17 1897
4. *Place of Birth, (Street and Number)* No 1208 Harford ave.
5. *Full Name of Mother,* Elizabeth Schultz
6. *Mother's Maiden Name,* Elizabeth Schultz
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Oswald H. Schultz
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Rev. A. Elsewell M.D.

Address, 1741 Harford ave

Remarks,

1897 U 008300

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 88356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 17th 1897
4. *Place of Birth, (Street and Number)* N. Port St.
5. *Full Name of Mother,* Mary A. Wagner
6. *Mother's Maiden Name,* Mary A. Boston
7. *Mother's Birthplace,* Harford County
8. *Full Name of Father,* Philip Wagner
9. *Father's Occupation* Inspector of Cars
10. *Father's Birthplace,* Harford County

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Purcey

Address, 2225 Bank St.

Remarks, City

8970008301

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[286.]

RETURN OF A BIRTH. 88387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 17th, 1897.
4. *Place of Birth, (Street and Number)* 420 Printz Place
5. *Full Name of Mother,* Annie M. McCluskey.
6. *Mother's Maiden Name,* Annie M. May
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael McCluskey
9. *Father's Occupation* Coachman.
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, S.W. Cor. Calvert & Preston Sts

Remarks,

8 7 7 0 0 0 3 3 0 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

88358

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 17 97
4. Place of Birth, (Street and Number) Garrett Ave 1311
5. Full Name of Mother, Anna Schaaf
6. Mother's Maiden Name, Dierker
7. Mother's Birthplace, Osnabrück - Hannover
8. Full Name of Father, Sebastian Schaaf
9. Father's Occupation Stevedore
10. Father's Birthplace, Manheim - Baden

Name of Medical Attendant, or other person who makes this Return, Johanna Jonshe

Address, 1369 Garrett Ave

Remarks,

8 9 7 0 0 0 8 3 0 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

235.]

RETURN OF A BIRTH. 88359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, Dec. 17/97
4. Place of Birth, (Street and Number) 2609 Bruce Tr.
5. Full Name of Mother, Mrs Chas McMillan
6. Mother's Maiden Name, Georgia Taylor
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Chas. McMillan
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2531 Palma Ave.

Remarks,

8 9 7 0 0 0 8 3 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

336.]

RETURN OF A BIRTH. 88360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 17/97
4. *Place of Birth, (Street and Number)*	2551 Mary St.
5. *Full Name of Mother,*	Mrs Chas. Young
6. *Mother's Maiden Name,*	Mary Robinson
7. *Mother's Birthplace,*	India
8. *Full Name of Father,*	Chas. Young.
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	England.
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M.D.
Address,	253 Penna. Ave
Remarks,	

1897 U 0008305

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 88361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 17th 1897
4. *Place of Birth, (Street and Number)* 1013 N. Carey
5. *Full Name of Mother,* Annie H. Kemp
6. *Mother's Maiden Name,* Waydlein
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Richard L. Kemp
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, John Abt MD

Address, 701 N. Carrollton Ave

Remarks,

8 9 7 0 0 0 8 3 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 88362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 17 1897
4. *Place of Birth, (Street and Number)* mors place near north bend
5. *Full Name of Mother,* marr ann
6. *Mother's Maiden Name,* schuchart
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* john auer
9. *Father's Occupation* gardner
10. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other person who makes this Return, Mrs Alice Brum

Address, Colver St near dorsey lane

Remarks,

8970008307

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 88363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 17. 1897
4. *Place of Birth, (Street and Number)* 1412 E. Fort Ave
5. *Full Name of Mother,* Mrs. Sadie H. Ringrose
6. *Mother's Maiden Name,* Landing
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Charles E. Ringrose
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, John H. Grahame, M.D.

Address, 1309 Light St.

Remarks, 8970008308

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been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236.]

RETURN OF A BIRTH. 88364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Dec 17/97
4. Place of Birth, (Street and Number) 502 N Castle Sta
5. Full Name of Mother, Katie Weber Hedrich
6. Mother's Maiden Name, Weber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Conrad Hedrich
9. Father's Occupation Core keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, 1907 E Monument Sta

Remarks,

8 7 7 U 0 0 8 3 0 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

88365

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, the 17 of Dec 1897

4. Place of Birth, (Street and Number) No 1306 Hollbrook st

5. Full Name of Mother, Carrie Waldner

6. Mother's Maiden Name, Carrie Jinks

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Waldner

9. Father's Occupation, Brass moulder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ch Lazer

Address, No 1059 Harford Ave Bal. Md

Remarks,

1897 0 0 8 8 3 6 5

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec. 17th 1897
4. Place of Birth, (Street and Number) 116 S. High St.
5. Full Name of Mother, Louise Foley
6. Mother's Maiden Name, " Holst
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Foley
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter St.

Remarks,

8970008311

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88367.

GIVEN NAME ADDED. 7/25/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Georgia ~~Pearson~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 17th 1897
4. Place of Birth, (Street and Number) 225 E. Hamburg
5. Full Name of Mother, Annie Catherine Pearson
6. Mother's Maiden Name, " " Roemer
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, ~~Eud~~ Edwin Pearson
9. Father's Occupation Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, H. J. Carrick M.D.

Address, 1204 Madison Ave

Remarks,

8970008312

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236]

RETURN OF A BIRTH. 88368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male PHILIP E. SCHUBERT
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 17th 1897
4. Place of Birth, (Street and Number) 36 Eaton ave
5. Full Name of Mother, Rosa Amanda Schubert
6. Mother's Maiden Name, Rosa Amanda Pierpont
7. Mother's Birthplace, Near Ellicott City Howard Co. Md
8. Full Name of Father, William Albert Schubert
9. Father's Occupation Telegraph operator
10. Father's Birthplace, Hartford Conn.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hicks

Address, Hoffmans Lane Balto md

Remarks,

8970008313

Wm. J. C. Dulany Co., City Printers and Stationers.

Said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 18th 1897
4. *Place of Birth, (Street and Number)* 1700 Ramsay
5. *Full Name of Mother,* Ida E. Williams
6. *Mother's Maiden Name,* " " Brian
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Richard H. Williams
9. *Father's Occupation* Supt. B & O R.R.
10. *Father's Birthplace,* Warrenton Va

Name of Medical Attendant, or other person who makes this Return, J Harvey Hill Md

Address, 807 N Irvington ave

Remarks,

1 8 9 7 0 0 0 8 3 1 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 88370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 18
4. *Place of Birth, (Street and Number)* 128 S Carey St
5. *Full Name of Mother,* Martha Anne Helmling
6. *Mother's Maiden Name,* " " Davidson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Helmling
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Morrigan

Address, 412 Scott St

Remarks,

1 8 9 7 0 0 0 8 3 1 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 one

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Dec 18 1887
4. *Place of Birth, (Street and Number)* York St No 6
5. *Full Name of Mother,* Amelia Keys
6. *Mother's Maiden Name,* Amelia Jones
7. *Mother's Birthplace,* Fairmount Somerset Co Md
8. *Full Name of Father,* Henry A Keys
9. *Father's Occupation* Porter of Maryland Oil company
10. *Father's Birthplace,* Westmoreland Co Va

Name of Medical Attendant, or other person who makes this Return, Ella Jackson

Address, 125 Welcome Alley

Remarks, Not any

8970008316

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 88372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Dec 18.
4. *Place of Birth, (Street and Number)*	843 Ramsay St
5. *Full Name of Mother,*	Talia Kernan
6. *Mother's Maiden Name,*	" Smith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Kernan
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. Mary Morgan
Address,	412 Scott St
Remarks,	

1 8 9 7 0 0 0 8 3 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8[illegible]73

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3"

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12-18-1897
4. *Place of Birth, (Street and Number)* 104½ Market Space
5. *Full Name of Mother,* Pauline Feigenthum
6. *Mother's Maiden Name,* Pauline Silverman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Feigenthum
9. *Father's Occupation* Street Vender
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, D. J. Long

Address, 115 W. Lombard

Remarks,

8 9 7 0 0 0 8 3 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Female Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 18 1897
4. Place of Birth, (Street and Number) Johns Hopkins Hospital
5. Full Name of Mother, Maggie Rogers
6. Mother's Maiden Name, Maggie Rictor
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Benj. Rogers
9. Father's Occupation Yalver
10. Father's Birthplace, U.S.

Name of Medical Attendant, or other person who makes this Return, Geo W Tobbin M D

Address, The Johns Hopkins Hospital

Remarks, Twins both female.

8970008319

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

1236

88375

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jeanette E. Heydenreich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 18th 97.
4. Place of Birth, (Street and Number) 120 S. Gilmor St.
5. Full Name of Mother, Clara E. Heydenreich
6. Mother's Maiden Name, Clara E. Woodall
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Francis O. Heydenreich
9. Father's Occupation Cabinet maker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Henry C. Ohle. M.D.

Address, 1203 W. Fayette St.

Remarks, 1 8 9 7 0 0 0 8 3 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th of December 92.
4. Place of Birth, (Street and Number) 412. W Balto St
5. Full Name of Mother, Anna Doll
6. Mother's Maiden Name, Anna Philipp
7. Mother's Birthplace, Balto
8. Full Name of Father, Samuel Doll
9. Father's Occupation Mchanic
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friedrike Kessler Midwife

Address, 2116 W Pratt St

Remarks,

1897000083321

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236.]

RETURN OF A BIRTH. 88377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 18th 1896
4. *Place of Birth, (Street and Number)* Federal st near Harford Ave
5. *Full Name of Mother,* ~~C~~ Catherine Spahn
6. *Mother's Maiden Name,* Cath — Vzuber
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob George Spahn
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1618 N. Wolfe st

Remarks,

8 9 7 0 0 0 8 3 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) Janet Latané Bagby

1. Sex (~~state whether male or~~ female),
2. Race or Color (if not of the white race),
3. Date of Birth, 18 Dec 1897
4. Place of Birth (Street and Number), 2338 Lowndes Ave
5. Full Name of Mother, Nettie C. Bagby
6. Mother's Maiden Name, " " Campbell
7. Mother's Birthplace, Va
8. Full Name of Father, Alfred Bagby Jr
9. Father's Occupation, Lawyer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Geo H Epstein

Address, Linden Ave & Wilson St

Remarks, Name added June 20-1935 by, Janet Latané Hahalah-nee Bagby, Janet L. Sehalot

8 9 1 0 0 0 3 2 3

Baltimore Publishing Co., City Printers and Stationers

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 7th

1. Sex (~~state whether~~ male ~~or female~~),
2. Race or Color (if not of the white race),
3. Date of Birth, 18th Dec 1897
4. Place of Birth (Street and Number), 1111 N Fulton Ave
5. Full Name of Mother, Josephine N. Conway
6. Mother's Maiden Name, " " Batory
7. Mother's Birthplace, Md
8. Full Name of Father, Harry C. Conway
9. Father's Occupation, Clerk
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Geo H Clipton

Address, Linden Ave & Wilson Pk.

Remarks,

18970008324

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

88380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 18th 97
4. *Place of Birth, (Street and Number)* 631 Dover st
5. *Full Name of Mother,* Mary Annie Lehnert
6. *Mother's Maiden Name,* Mary Annie Boecker
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry Lehnert
9. *Father's Occupation* Contractor
10. *Father's Birthplace,* Carroll County Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W. Cross St.

Remarks,

1 8 9 7 0 0 0 8 3 2 5

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been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec. 18-1897
4. Place of Birth, (Street and Number) 830 W. North ave.
5. Full Name of Mother, Sarah Gill
6. Mother's Maiden Name, Sarah Long
7. Mother's Birthplace, Ohio
8. Full Name of Father, John F. Gill
9. Father's Occupation Contractor
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return C. J. Cole M.D.

Address, 1516 Mt Royal ave.

Remarks,

1897 U 0083326

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 88382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Dec. 18th, 1897.
4. Place of Birth, (Street and Number) 710 Jew alley
5. Full Name of Mother, Ella Brown
6. Mother's Maiden Name, Ella Ellis
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Jas. Brown
9. Father's Occupation Huckster
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M D.

Address, Johns Hopkins Hospital

Remarks, Baltimore Md.

1 8 9 7 0 0 0 8 3 2 7

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GIVEN NAME ADDED 11-22-55

RETURN OF A BIRTH. 88363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Milton Elvin Green

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Dec. 18th, 1897
4. Place of Birth, (Street and Number) 1207 Milliken St.
5. Full Name of Mother, Sussie Green
6. Mother's Maiden Name, Sussie Jolly
7. Mother's Birthplace, Eastern Shore of Md.
8. Full Name of Father, John A. Green
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M. D.

Address, Johns Hopkins Hospital

Remarks, Baltimore, Md.

+ 8 4 7 0 0 0 3 3 2 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Dec 18 '91
4. Place of Birth, (Street and Number) [redacted] p. 423 Penn St.
5. Full Name of Mother, Pauline West.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father, Wm Taylor.
9. Father's Occupation —
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, M. L. Todd
Md Gen Hosp

Address,

Remarks,

8 7 7 0 0 0 3 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Dec 18 '91
4. Place of Birth, (Street and Number) 928 Little Pine
5. Full Name of Mother, Amelia Grooms
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jno. W. Groom
9. Father's Occupation Lab.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M R Todd

Address, Md Genl Hosp

Remarks,

1 8 9 7 0 0 0 8 3 3 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 18th 1897.
4. *Place of Birth, (Street and Number)* fifth Ave
5. *Full Name of Mother,* Agnes Jendrarah
6. *Mother's Maiden Name,* " Pabet
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Stanislaf Jendarah
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Paline Liersemann

Address, 1107. Chesapeake St.

Remarks, none

1 8 9 7 0 0 0 8 3 3 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-26-51

RETURN OF A BIRTH 88357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles J. Maslin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 l

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 18th 1897
4. Place of Birth, (Street and Number) 1139 Argyle Ave
5. Full Name of Mother, Edith A. Maslin
6. Mother's Maiden Name, Edith A. Pratt
7. Mother's Birthplace, Mass.
8. Full Name of Father, Samuel Jos Maslin
9. Father's Occupation, Merchant
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. A. K. Jump M.D.

Address, 1202 Argyle Ave.

Remarks,

1897U0089332

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Rules and regulations as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 88388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 18 1897
4. Place of Birth, (Street and Number) 112 N. Bond St.
5. Full Name of Mother, Elizabeth Hudson
6. Mother's Maiden Name, Shaney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John W. Hudson
9. Father's Occupation Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 429 E. Preston St.

Remarks,

8970008333

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8389

8387/3

Sex, Female No. of Child of Mother, 3

Race or Color, W

Date, Dec 18

Place of Birth, 224 Norris St

Full Name of Mother, Nate Hunt

Mother's Maiden Name, A Falvey

Mother's Birthplace, Baltimore, Md

Full Name of Father, James Hunt

Father's Occupation, Moulder

Father's Birthplace, Ireland

Mrs. Mary Morgan

412 Scott St

8 9 7 U O O 8 3 3 4

1236.]

RETURN OF A BIRTH. 88390 over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name—Roger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Mulatto White

3. Date of Birth, Dec 18th

4. Place of Birth, (Street and Number) 2106 W Fayette St, Dec 18th

5. Full Name of Mother, Mary E Atkinson

6. Mother's Maiden Name, Mary E Thompson

7. Mother's Birthplace, Portland Maine

8. Full Name of Father, Wm M Atkinson

9. Father's Occupation Policeman

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Hall

Address, 2112 Vine St

Remarks,

8 9 7 0 0 0 3 3 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 55391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 18th 1892
4. *Place of Birth, (Street and Number)* No 424 Bradley st City
5. *Full Name of Mother,* Shannie Hall
6. *Mother's Maiden Name,* Shannie Brooks
7. *Mother's Birthplace,* Annapolis
8. *Full Name of Father,* Harry Hall
9. *Father's Occupation* potter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Mrs F Myers

Address, No 722 Bradley

Remarks,

8970008336

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 88322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, if not of the white race, White
3. Date of Birth December 18
4. Place of Birth, Street and Number 1617 Shakespeare St.
5. Full Name of Mother, Rosie Strzelecki
6. Mother's Maiden Name, Kamowska
7. Mother's Birthplace, Pole
8. Full Name of Father, Frank Strzelecki
9. Father's Occupation, Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 838 S. Bond St.

Remarks,

8 4 7 0 0 0 8 3 3 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

N 1236

RETURN OF A BIRTH. 88393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 December
4. *Place of Birth, (Street and Number)* 220 Cambridge St.
5. *Full Name of Mother,* Annie Doby
6. *Mother's Maiden Name,* Zuba
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Charles Doby
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Brett

Address, 838 S. Bond St.

Remarks,

1897 0 0 0 3 3 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

Over

RETURN OF A BIRTH. 88394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Harry E. Schultz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child 1897

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 December
4. Place of Birth, (Street and Number) 1734 Light St
5. Full Name of Mother, Georgie Schultz
6. Mother's Maiden Name, Georgie Pumley
7. Mother's Birthplace, Virginia
8. Full Name of Father, Edward Shultz
9. Father's Occupation Labor
10. Father's Birthplace, Frederick

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Brook

Address, 1828 Light St

Remarks, Doing Well

1 8 9 7 0 0 0 8 3 3 9

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88395

GIVEN NAME ADDED, 9/28/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Herman Feldman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 18th, '97
4. *Place of Birth, (Street and Number)* 237 Harrison St
5. *Full Name of Mother,* Lena Feldman
6. *Mother's Maiden Name,* Lena Levin
7. *Mother's Birthplace,* Pinchka Russia
8. *Full Name of Father,* Samuel Feldman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Pinchka Rus.

Name of Medical Attendant, or other person who makes this Return, Yetta Klanansky

Address, 1022 E. Lombard St

Remarks,

1 8 9 7 0 0 0 8 3 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88396

GIVEN NAME ADDED. 10-18-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles. W. Heppding

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 19 97
4. Place of Birth, (Street and Number) Cookie St 1423
5. Full Name of Mother, Edie Heppding
6. Mother's Maiden Name, Meth
7. Mother's Birthplace, Nassau - Hessen
8. Full Name of Father, Ferdinand Heppding
9. Father's Occupation Stevedore
10. Father's Birthplace, Nassau - Hessen

Name of Medical Attendant, or other person who makes this Return Johanna Jonske

Address, Garrett Ave 1362

Remarks,

1897 0008341

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 55397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore Dec. 19, 1897
4. Place of Birth, (Street and Number) 281 N. Exeter Street Balto.
5. Full Name of Mother, Sarah Lacks
6. Mother's Maiden Name, (Sarah Kelner)
7. Mother's Birthplace, Russia
8. Full Name of Father, Lewis Lacks
9. Father's Occupation, Groceries Store
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, 147 N. Exeter St. Baltimore

Remarks,

1 8 9 7 0 0 0 8 3 4 2

[illegible] its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88398

GIVEN NAME ADDED 1-25-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George William Hooper th.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 19. 1897
4. Place of Birth, (Street and Number) 1103 Ashland Ave.
5. Full Name of Mother, Annie Drucilla Hooper
6. Mother's Maiden Name, " " Collins
7. Mother's Birthplace, Annapolis, Md.
8. Full Name of Father, Eugene F. Hooper
9. Father's Occupation Merchant
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

8 9 7 0 0 0 8 3 4 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 19. 1897
4. Place of Birth, (Street and Number) 1326 E. Chase St.
5. Full Name of Mother, Mary E. Dietz
6. Mother's Maiden Name, " " Thek
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John C. Dietz
9. Father's Occupation Mattress maker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo A. Hartman M.D.

Address, 1121 N Caroline St

Remarks,

8 9 7 0 0 0 8 3 4 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 88400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

THEODORE COOKE WATERS

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not ~~of the~~ white race)
3. Date of Birth, Dec. 19 - 1947
4. Place of Birth, (Street and Number) 2207 Ballis Ave
5. Full Name of Mother, Sophia Waters
6. Mother's Maiden Name, Sophia Cooke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Francis H. Waters
9. Father's Occupation Civil Engineer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Theo. Cooke MD

Address, 914 N. Charles St.

Remarks, GIVEN NAME ADDED 9/10/52

8 4 7 U 0 0 8 3 4 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female Rosa
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 Dec 17
4. *Place of Birth, (Street and Number)* 68 Market Space
5. *Full Name of Mother,* Conchia Maggio
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Vincent Maggio
9. *Father's Occupation* Cook
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mrs Marie Romano

Address, 302 N. High st

Remarks,

8 4 7 0 0 0 0 3 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Arthur Fink

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 19, 1897.
4. Place of Birth, (Street and Number) 113 Front St
5. Full Name of Mother, Annie ~~Finklestein~~ Fink
6. Mother's Maiden Name, " Harris
7. Mother's Birthplace, England
8. Full Name of Father, Barney ~~Finklestein~~ Fink
9. Father's Occupation Tailor
10. Father's Birthplace, United States

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman

Address, 42 Albemarle St

Remarks, NAME CHANGED BY COURT ORDER 1-28-53.

1 8 9 7 0 0 0 8 3 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Firts Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 19th 1897
4. Place of Birth, (Street and Number) Baltimore Md 915 McHenry St
5. Full Name of Mother, Annie McHugh
6. Mother's Maiden Name, " Campbell
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Thomas M McHugh
9. Father's Occupation Stone Cutter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, M Cinn Street

Remarks,

1 8 9 7 0 0 0 8 3 4 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-31-59

RETURN OF A BIRTH.

882104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

August H. Eichler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19th of December. 97
4. Place of Birth, (Street and Number) 605 George St
5. Full Name of Mother, Kethe Eichler
6. Mother's Maiden Name, Kathe Guttensin
7. Mother's Birthplace, germany
8. Full Name of Father, Heinrij Eichler
9. Father's Occupation Klempner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keesler Midwife

Address, 2116 W Pratt St

Remarks,

18970008349

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH. 88405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 19 1897
4. *Place of Birth, (Street and Number)* No. 806 Hillen Street
5. *Full Name of Mother,* Blanche Finster
6. *Mother's Maiden Name,* Blanche Coffersmith
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Daniel E. Finster.
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Aug. G. Blewell, M.D.

Address, 1241 Maryland ave.

Remarks,

1897 U 00 # 350

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which ... month, and shall set forth as far as the same can be ascertained ... been conferred) its sex, color, the full name and occupation of ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall be the duty of the person in charge of such child to report its birth to the Commissioner of Health. In case no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 19th 1897
4. *Place of Birth, (Street and Number)*	612 S Chapel Street
5. *Full Name of Mother,*	Albertine Repke
6. *Mother's Maiden Name,*	Albertine Hagemann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Bernard Repke
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs H Kleyer Midwife
Address,	1922 E Fayette Street
Remarks,	

1897000083511

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Dec 19 1897
4. *Place of Birth, (Street and Number)* 753 Leland St
5. *Full Name of Mother,* Mary Elisa Smith
6. *Mother's Maiden Name,* Mary Elisa Johnson
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Alfred Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Margueth Spriggs

Address, 1110 Gorman Ave Balto Md

Remarks,

1897 000 8352

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

RETURN OF A BIRTH. 88408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 19 '98
4. *Place of Birth, (Street and Number)*	1418 N. Charles St
5. *Full Name of Mother,*	Mrs. Cecelia Winter " Schneider
6. *Mother's Maiden Name,*	Balto
7. *Mother's Birthplace,*	Conrad W Winter
8. *Full Name of Father,*	Bbasecoist
9. *Father's Occupation*	Balto
10. *Father's Birthplace,*	J Chew Worthington
Name of Medical Attendant, or other person who makes this Return,	1022 MADISON AVE.
Address,	
Remarks,	

1897 0 0 0 8 3 5 3

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 88409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 17th 1897
4. Place of Birth, (Street and Number) Baltimore - 944 Warner st
5. Full Name of Mother, Augusta Kirkwood
6. Mother's Maiden Name, Weir
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm H Kirkwood
9. Father's Occupation, Fish Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Florence B Smith

Address, 909 Lamont ave

Remarks,

18970008354

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 88410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 19th 1897
4. *Place of Birth, (Street and Number)* 1210 Hare Str
5. *Full Name of Mother,* Mrs Mollie Doyas
6. *Mother's Maiden Name,* " " Knevel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William M Doyas
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Pauline Liersmann

Address, 1107 Chesapeake

Remarks,

1 8 9 7 0 0 0 8 3 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Dec 19 1897
4. Place of Birth, (Street and Number) Johns Hopkins Hospital
5. Full Name of Mother, Louisa Foster
6. Mother's Maiden Name, Louisa Foster
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Posey
9. Father's Occupation Waiter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M.D.

Address, The Johns Hopkins Hospital.

Remarks,

8 9 7 0 0 0 8 3 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 19 - 1897
4. Place of Birth, (Street and Number) 303 W Saratoga
5. Full Name of Mother, Katie Stewart
6. Mother's Maiden Name, " Keenan
7. Mother's Birthplace, Md
8. Full Name of Father, Harry M Stewart
9. Father's Occupation Locksmith
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, D J Long

Address, 115 - W Lombard

Remarks,

1897 0008357

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 19. 97
4. *Place of Birth, (Street and Number)* 525 Afford St.
5. *Full Name of Mother,* Eliza Halliday
6. *Mother's Maiden Name,* Eliza Quickley
7. *Mother's Birthplace,* Balto. Co. Md.
8. *Full Name of Father,* Chas. Halliday
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto. Co. Md

Name of Medical Attendant, or other person who makes this Return, George L. Duane Md.

Address, 1263 Riverside Ave or 721 N. Eutaw St.

Remarks,

1 8 9 7 0 0 0 8 3 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 88414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec. 19/97
4. *Place of Birth, (Street and Number)*	2620 Francis st.
5. *Full Name of Mother,*	Mrs Clarence Gardner
6. *Mother's Maiden Name,*	Della Boblitz
7. *Mother's Birthplace,*	Balto Co. Md.
8. *Full Name of Father,*	Clarence Gardner
9. *Father's Occupation*	Milk wagon driver
10. *Father's Birthplace,*	Balto Co. Md.
Name of Medical Attendant, or other person who makes this Return,	E A Smith M D
Address,	2531 Pennsylvania Ave
Remarks,	

1 8 9 7 0 0 0 8 3 5 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 55406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 12 of December
4. Place of Birth, (Street and Number) 523 s. Rose Street.
5. Full Name of Mother, Eva Fisher.
6. Mother's Maiden Name, Kifner.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Fischer.
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weis. Belmkam.

Address, 613 s. post St.

Remarks,

1 8 9 7 0 0 0 8 3 6 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* December 19
4. *Place of Birth, (Street and Number)* 321 Preston st
5. *Full Name of Mother,* Rosie Young
6. *Mother's Maiden Name,* Rosie Davenport
7. *Mother's Birthplace,* Chrisfield Md
8. *Full Name of Father,* James Young
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Darlington Harford Co

Name of Medical Attendant, or other person who makes this Return, ~~Doctor A. K. Bond~~

Address, ~~803 Park avenue~~ Lucy Cornish

Remarks, 408 Jordon st

1 8 9 7 0 0 0 3 3 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 19/97
4. *Place of Birth, (Street and Number)* 717 Hanover st
5. *Full Name of Mother,* Katie L. Boulton Hauf
6. *Mother's Maiden Name,* Katie M. Boulton
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Albert M. Hauf
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, E. Michaux M.D.

Address, 411 N. Sharp st

Remarks,

1897 U 0088362

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred, duly signed by the practitioner in the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such attendance upon the birth to the Commissioner of Health, in the manner required, and within the period above required, and child to report its birth to the Commissioner of Health, in the manner required, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 20th 1897
4. *Place of Birth, (Street and Number)*	2131 Wallbrook Avenue
5. *Full Name of Mother,*	Margaret Roche
6. *Mother's Maiden Name,*	" Smith
7. *Mother's Birthplace,*	Cumberland Md.
8. *Full Name of Father,*	Clinton Lee Roche
9. *Father's Occupation*	Gripman B.C.P.R.W.Co.
10. *Father's Birthplace,*	Baltimore County Md.
Name of Medical Attendant, or other person who makes this Return,	E.G. Shower M.D.
Address,	1224 West North Ave.
Remarks,	

8970008363

Wm. J. C. Dulany Co., City Printers and Stationers.

NAME CHANGED BY COURT ORDER 6-30-59

RETURN OF A BIRTH.

88419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Samuel Reese

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec. 20 1897
4. Place of Birth, (Street and Number) 1017 E. Pratt St
5. Full Name of Mother, Cade Rosenblatt
6. Mother's Maiden Name, — Silverman
7. Mother's Birthplace, Russia Kovno State
8. Full Name of Father, Israel Rosenbl
9. Father's Occupation Beer Saloon Kee
10. Father's Birthplace, Russia Kovno

Name of Medical Attendant, or other person who makes this Return, H. Elina

Address, 143 N. Front St

Remarks,

8 9 7 0 0 0 8 3 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 88420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 20 December
4. Place of Birth, (Street and Number) 1312 Marianen st
5. Full Name of Mother, Christin R Huss
6. Mother's Maiden Name, Heinrich
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Karl Huss
9. Father's Occupation Baar Kepper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Anna [illegible]

Address, 1914 W. [illegible]

Remarks,

1 8 9 7 0 0 0 8 3 6 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 20/97
4. Place of Birth, (Street and Number) 502 N. Collington Ave.
5. Full Name of Mother, Emma Wagner
6. Mother's Maiden Name, Herr
7. Mother's Birthplace, Balto.
8. Full Name of Father, Louis Wagner
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bisenhofer.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

8970008366

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 20, 1897.
4. Place of Birth, (Street and Number) 202 Birch ave.
5. Full Name of Mother, Annie Elizabeth Blucher. Gosnell.
6. Mother's Maiden Name, Md.
7. Mother's Birthplace, Edwin Elwood Blucher.
8. Full Name of Father, Motor-proven.
9. Father's Occupation Md.
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, ———.

18970008367

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH. 88428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seccon

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December 20 1877
4. Place of Birth, (Street and Number) 538 N Biddle St
5. Full Name of Mother, Annie Moore
6. Mother's Maiden Name, Annie Jackson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John E Moore
9. Father's Occupation Cook
10. Father's Birthplace, Texas

Name of Medical Attendant, or other person who makes this Return, Hester Cotance

Address, 509 Preston Street West

Remarks,

1 8 9 7 0 0 0 8 3 6 8

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 20 1897
4. Place of Birth, (Street and Number) 922 Hopkins Ave
5. Full Name of Mother, Celestine Maidwell
6. Mother's Maiden Name, Celestine Affayreaux
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William O. Maidwell
9. Father's Occupation, Candy Maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Albert S. Atkinson MD

Address, 1037 N. Caroline St

Remarks,

8 9 7 0 0 0 8 3 6 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th December
4. *Place of Birth, (Street and Number)* 310 Maryland Ave West Port
5. *Full Name of Mother,* Gertrude Zamzow
6. *Mother's Maiden Name,* " Darlington
7. *Mother's Birthplace,* Winchester Va
8. *Full Name of Father,* Albert Zamzow
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, M. A. Bunge

Address, [illegible]

Remarks,

8970008370

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8"

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Bl
3. *Date of Birth,* 12-20-97
4. *Place of Birth, (Street and Number)* 226 Chestnut St
5. *Full Name of Mother,* Mary Johnson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Robert Holmes
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, D. J. Long

Address, 115 W. L

Remarks,

1 8 9 7 0 0 0 8 3 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 December 1897
4. *Place of Birth, (Street and Number)* 1720 Aliceann Anna St
5. *Full Name of Mother,* Kady Makowiecka
6. *Mother's Maiden Name,* L. Urbanowska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ignac Makowski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 Ann St

Remarks, Baltimore

1897 00008372

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1236]

RETURN OF A BIRTH. 88428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec - 20 - 9 J.
4. *Place of Birth, (Street and Number)* 216 Norris St.
5. *Full Name of Mother,* Mrs Fuly.
6. *Mother's Maiden Name,* Mrs [illegible]
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Fuly.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany —

Name of Medical Attendant, or other person who makes this Return, C. C. Lumpkin

Address, 801 W Fayette St

Remarks,

18970008373

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 20th
4. Place of Birth, (Street and Number) 1800 Ninth street
5. Full Name of Mother, Johanna Seiler
6. Mother's Maiden Name, Johanna Köblitz
7. Mother's Birthplace, Limbach Sackson Germany
8. Full Name of Father, Albert Seiler
9. Father's Occupation Bakery & Confectionery
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Barge

Address, 71 Ch. Cross St

Remarks,

1 8 9 7 0 0 0 8 3 7 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20 December
4. *Place of Birth, (Street and Number)* Monroe st 2009
5. *Full Name of Mother,* Nenomly Beck
6. *Mother's Maiden Name,* Wan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Johann Beck
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Bauchalt

Address, 1914 W. Pratt st

Remarks,

8 9 7 0 0 0 8 3 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 of December
4. *Place of Birth, (Street and Number)* 2019 Gough Street
5. *Full Name of Mother,* Anna C. Schmidt
6. *Mother's Maiden Name,* ~~Mavers~~ Moebus
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Richard Schmidt
9. *Father's Occupation* Lutheran Minister
10. *Father's Birthplace,* Sachsen (Germ)

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss. Behnken

Address, 613 S. Port St.

Remarks,

8 9 7 0 0 0 8 3 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1536]

RETURN OF A BIRTH. 58432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice M. Cook

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 20 - 1847
4. Place of Birth, (Street and Number) 142 / Baltimore Ave
5. Full Name of Mother, Alice Cook
6. Mother's Maiden Name, Alice Cole
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Max Cook
9. Father's Occupation, Restaurant Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. Cook M.D.

Address, 914 N. Charles St

Remarks, GIVEN NAME ADDED. 3-17-52

1897U0083377

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88453

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 20th 1897.
4. *Place of Birth, (Street and Number)* 1738 Alicanna St.
5. *Full Name of Mother,* Mary L. Funk
6. *Mother's Maiden Name,* Mary L. Meyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John W. Funk
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary C. Ewing

Address, 2225 Bank St. City.

Remarks,

8970008378

Wm. J. C. Dulany Co., City Printers and Stationers.

88464

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Lavinia

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth December 20th 1897
4. Place of Birth, (Street and Number) 1521 Mt Royal Avenue
5. Full Name of Mother, Mary L. Startzman
6. Mother's Maiden Name, Sauerwein.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, Walter Thomas Startzman
9. Father's Occupation, Manufacturer.
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Alice S. Parkhurst M.D.

Address, 1410 Park Avenue

Remarks, Given name added upon application of transcript.

8.8.30 Walter T. Startzman Father

8 9 7 0 0 0 8 3 7 9

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

8848.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

88435

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 20th '97
4. Place of Birth, (Street and Number) 1153 E. Baltimore St.
5. Full Name of Mother, Sera Cohn.
6. Mother's Maiden Name, Sera Mared.
7. Mother's Birthplace, Pasvatine Rus.
8. Full Name of Father, Max Cohn.
9. Father's Occupation Store Keeper
10. Father's Birthplace, Pacro Rus.

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address, 1022 E. Lombard St.

Remarks,

1897 00083380

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1235.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88436

88435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* — —
3. *Date of Birth,* Dec 20/97
4. *Place of Birth, (Street and Number)* No 1409 N. Chester St
5. *Full Name of Mother,* Eva Davis
6. *Mother's Maiden Name,* Foreman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Davis
9. *Father's Occupation* Arab
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, 1907 E Monument Sts.

Remarks,

1 8 9 7 0 0 0 8 3 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88437 88437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 20th
4. Place of Birth, (Street and Number) 530 S. Ann St.
5. Full Name of Mother, Agnes Jutovsky
6. Mother's Maiden Name, Wegner
7. Mother's Birthplace, Pole
8. Full Name of Father, Florian Jutovsky
9. Father's Occupation Carpenter
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 838 S. Bond St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 7 0 0 0 8 3 8 2

A88439

1897 RETURN OF A

13

To the Office of Registrar of Vital Statistics, Board

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female) Wh

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20th De

4. Place of Birth, (Street and Number) Garrett

5. Full Name of Mother, Warker Julie W

6. Mother's Maiden Name, " Bleen

7. Mother's Birthplace, Gers

8. Full Name of Father, Warker Albert

9. Father's Occupation Labor

10. Father's Birthplace, Germ

Name of Medical Attendant, or other person who makes this Return, Lizzie S

Address, No 1708 Est

Remarks, 1 8 9 7 0 0 0 8 3 8 3

...th, and shall set forth as far as the same can be ascertained the full name of each child, and shall have conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., Cin

884

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec. 20th 1897
4. Place of Birth, (Street and Number) 1022 Granby St.
5. Full Name of Mother, Mathilda Eibner
6. Mother's Maiden Name, Tauber
7. Mother's Birthplace, Europe
8. Full Name of Father, Wenzel Eibner
9. Father's Occupation Labor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 1328 E. Exeter St.

Remarks,

8970008384

been conferred, its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88441

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 21/97
4. *Place of Birth, (Street and Number)* 21 Etting Place
5. *Full Name of Mother,* Mary Varzin
6. *Mother's Maiden Name,* " Russell
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* James Varzin
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenholer.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 8 3 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec 21 - 97

4. *Place of Birth, (Street and Number)* 928 N Hopkins ave

5. *Full Name of Mother,* Blanche E. Sheldon

6. *Mother's Maiden Name,* " " Manks

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* Francis E. Sheldon

9. *Father's Occupation* Plumber

10. *Father's Birthplace,* Salts

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 2030 N Washington St

Remarks, 18970008396

Wm. J. C. Dulany Co., City Printers and Stationers.

88248

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 2 st 1897

4. *Place of Birth, (Street and Number)* 304 N. Anne St.

5. *Full Name of Mother,* Maggie Evans

6. *Mother's Maiden Name,* Maggie Dailey

7. *Mother's Birthplace,* Baltimore, Md.

8. *Full Name of Father,* Isaac John Evans

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M. D.

Address, Johns Hopkins Hosp.

Remarks,

1897 U 0003387

Wm. J. C. Dulany Co,. City Printers and Stationers.

In case the birth of any child should no other person be in the duty of the person or parents of such period above required, and within the provisions of this section shall be subforfeitures are recoverable.

RETURN OF A BIRTH. 88444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 21, 1897
4. *Place of Birth, (Street and Number)* Merryman's Ave Waverly
5. *Full Name of Mother,* Mary Conaway
6. *Mother's Maiden Name,* " " Brewer
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Rodgie Conaway
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, # 8 Talbot St Waverly

Remarks, Well

1897 U 0083388

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88445

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Dec 21 '97
4. Place of Birth, (Street and Number) Md Genl Hosp.
5. Full Name of Mother, Emma Dixon.
6. Mother's Maiden Name, " Balto.
7. Mother's Birthplace, Jeremiah Stanley.
8. Full Name of Father, Ronatabout.
9. Father's Occupation Md
10. Father's Birthplace, M R Todd

Name of Medical Attendant, or other person who makes this Return, Md Genl Hosp

Address,

Remarks,

1 8 9 7 0 0 0 8 3 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner in the [illegible] said schedule shall be delivered, duly signed by the practitioner in the [illegible] of Health. In case the birth of any child [illegible] third day of each and every month to the office of the Commissioner of Health, or should no other person be in [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, and [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 21 '97

4. Place of Birth, (Street and Number) 402 N Eutaw

5. Full Name of Mother, Ida A Whiting

6. Mother's Maiden Name, " " Shipley

7. Mother's Birthplace, Carroll Co Md,

8. Full Name of Father, Chas H Whiting

9. Father's Occupation Physician

10. Father's Birthplace, Berkley Co W Va.

Name of Medical Attendant, or other person who makes this Return, R B Ramsay M D

Address, 601 W Franklin

Remarks,

1897 00083900

said schedule shall be delivered, duly signed by the practitioner in the case, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

55447

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of child: Frank Edward Black

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8.45 A.M. 21st December, 1897.
4. *Place of Birth (Street and Number)* 2002 Park Ave - Baltimore, Md.
5. *Full Name of Mother* Lenetta Dot Black
6. *Mother's Maiden Name* Lenetta Dot
7. *Mother's Birthplace* Baltimore, Maryland.
8. *Full Name of Father* Harry Lawson Black.
9. *Father's Occupation* Plumber & Gas Fitter.
10. *Father's Birthplace* Baltimore, Maryland.

Name of Medical Attendant, or other Person who makes this Return. Wm. J. Smith M. D.

Address 1530 Linden Ave - Balto Md.

Remarks

8 7 7 0 0 0 8 3 9 1

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

88448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 21st.
4. *Place of Birth, (Street and Number)* 1138 E. Lombard St.
5. *Full Name of Mother,* Minnie Karmal
6. *Mother's Maiden Name,* Minnie Sanbaum.
7. *Mother's Birthplace,* Rascane Rus.
8. *Full Name of Father,* Hartz Karmal
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Sidlara Rus.

Name of Medical Attendant, or other person who makes this Return, Yetta Klawansky

Address, 1022 E. Lombard St.

Remarks,

1 8 9 7 0 0 0 8 3 9 2

said schedule shall be delivered, duly signed by the [illegible] in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. §§2129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 21. 1897
4. *Place of Birth, (Street and Number)* Barclay St Waverly
5. *Full Name of Mother,* Sallie Williams
6. *Mother's Maiden Name,* " " Lee
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Jacob Williams
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, #8 Talbott St Waverly Balto City

Remarks, Well

1897 0008393

Wm. J. C. Dulany Co., City Printers and Stationers.

(over)

88160

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: ADA ~~LOUISE GIBBS~~ 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Dec. 31-1897.
4. *Place of Birth, (Street and Number)* 1621 N. Calvert St.
5. *Full Name of Mother,* ~~Josephine Gibbs.~~ Josephine Leadwell.
6. *Mother's Maiden Name,* Balto.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Lawrence Gibbs.
9. *Father's Occupation* laborer.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, R. H. Johnston.

Address, 708 Madison Ave.

Remarks,

1897000 3394

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 882151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child of Emma Neal now Emma Dickerson

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 21st day of December 1897
4. *Place of Birth, (Street and Number)* Baltimore 1910 Ethel st
5. *Full Name of Mother,* Emma Dickerson
6. *Mother's Maiden Name,* Emma Neal
7. *Mother's Birthplace,* Vienna Md
8. *Full Name of Father,* Chas W. Dickerson
9. *Father's Occupation* Hod Carrier
10. *Father's Birthplace,* Talbott Co Md

Name of Medical Attendant, or other person who makes this Return, Edith Howard

Address, # 1128 Shields Alley

Remarks, Chalds is well and supposed to be perfect

1 8 9 7 0 0 0 8 3 9 5

said schedule shall be delivered, duly signed by the [illegible] of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88462

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 21, 1897.
4. Place of Birth, (Street and Number) 514 Asquith St
5. Full Name of Mother, Rebecca Fogel
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Russia
8. Full Name of Father, Harris Fogel
9. Father's Occupation Labor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman.

Address, 42. Albemarle St

Remarks,

1897 0008396

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

61

RETURN OF A BIRTH.

884[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child 1897
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	2124 South Charles St
4. Place of Birth, (Street and Number)	21 of December
5. Full Name of Mother,	Mary Arrow
6. Mother's Maiden Name,	Mary Miller
7. Mother's Birthplace,	Sherwood Baltimore Co
8. Full Name of Father,	Joseph Arrow
9. Father's Occupation	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Elya Brooks
Address,	1828 Light St
Remarks,	Daing well

1 8 9 7 0 0 0 8 3 9 7

been conferred) its sex, color, the full name and occupation of the parents, and the [illegible] in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* ~~Female~~ Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 21st. 1897
4. *Place of Birth, (Street and Number)* 1405 Hill St.
5. *Full Name of Mother,* Estella Rodgerson
6. *Mother's Maiden Name,* Estella Cohee
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William J. Rodgerson
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, John Brooke Mrs.

Address, 218 W. Madison St.

Remarks,

1 8 9 7 0 0 0 8 3 9 8

said schedule shall be delivered, duly signed by the practitioner in the form of a [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

58216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 21, 1897
4. *Place of Birth, (Street and Number)* 117 Hill St
5. *Full Name of Mother,* Eulah Jackson.
6. *Mother's Maiden Name,* Woodland.
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Howard Jackson.
9. *Father's Occupation* Porter in Store
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Hannah Hatchett

Address, 609 Campbell Str.

Remarks,

+ 8970003399

Wm. J. C. Dulany Co., City Printers and Stationers.

88-1896

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) F

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 21 1897

4. *Place of Birth, (Street and Number)* Johns Hopkins Hospital

5. *Full Name of Mother,* Mary Edwards

6. *Mother's Maiden Name,* Mary Edwards

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* James Edwards

9. *Father's Occupation* Bridger

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Geo W Dothin M.D.

Address, Johns Hopkins Hospital.

Remarks,

1897000034 00

said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 December 1894
4. *Place of Birth, (Street and Number)* 726 Dauchaus St
5. *Full Name of Mother,* Anne Sopczak
6. *Mother's Maiden Name,* A Stucinska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Martin Sopczak
9. *Father's Occupation* Tabaco
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begue

Address, 721 Ann St

Remarks, Baltimore

8 9 7 0 0 0 3 4 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88138

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Dec 21st 1897
4. *Place of Birth* (Street and Number) 1431 W. Baltimore St.
5. *Full Name of Mother* Mary L. Harvey
6. *Mother's Maiden Name* Mary L. Stone
7. *Mother's Birthplace* Pikesville Baltimore Co.
8. *Full Name of Father* Joshua Harvey
9. *Father's Occupation* Dry Goods Merchant.
10. *Father's Birthplace* Baltimore City. C. A. White MD

Name of Medical Attendant, or other Person who makes this Return.

Address 1505 W Lexington st

Remarks

1897 0003402

*Boards of Health are required to register the birth of every child born within their jurisdiction, stating distinctly the date of birth, sex, and color of the child or children born at each birth; and if born within six days thereafter

88459

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 21st 1877
4. *Place of Birth, (Street and Number)* 1628 E. Lombard Street
5. *Full Name of Mother,* Annie Snack
6. *Mother's Maiden Name,* Annie Drasle
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Snack
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. Anna Lenz Midwife

Address, 1539 Aliceanna Street

Remarks,

8 9 7 0 0 0 8 4 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner [illegible] said schedule shall be delivered, duly signed by the practitioner [illegible] the birth of any child [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

86.]

RETURN OF A BIRTH.

88460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21th December 1897
4. *Place of Birth, (Street and Number)* No. 1477 cor. Garrett and Fort Ave
5. *Full Name of Mother,* Mary Reimers
6. *Mother's Maiden Name,* " Wehner
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Chale Reimers
9. *Father's Occupation* Saloon keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Lizzie Schieffler

Address, No. 1408 Est Fort Ave. L. P.

Remarks,

1 8 9 7 0 0 0 8 4 0 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 th

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 21st 97
4. Place of Birth, (Street and Number) # 1718 Alice Anna St
5. Full Name of Mother, Rosa Literska.
6. Mother's Maiden Name, Rosa Brostkowska.
7. Mother's Birthplace, Germany
8. Full Name of Father, Anton Literski.
9. Father's Occupation Saloon Kepper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, # 1710 Alice Anna St

Remarks, Done

1847000840 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 22 Dezember
4. Place of Birth, (Street and Number) 512 S. Fremont
5. Full Name of Mother, Maggie Schaefer
6. Mother's Maiden Name, Maggie Ries
7. Mother's Birthplace, Germaine
8. Full Name of Father, George B. Schaefer
9. Father's Occupation Salloon Keeper
10. Father's Birthplace, Germaine

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 716 S. Cross St

Remarks,

18970008406

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1904 Eastern Ave
4. *Place of Birth, (Street and Number)*	Caroline Barth
5. *Full Name of Mother,*	Caroline Gorkay
6. *Mother's Maiden Name,*	Decbr 22d 1874
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Barth
9. *Father's Occupation*	Huckster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H. Kraus Midwife
Address,	1922 E. Fayette Street
Remarks,	

1897OC08407

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88464

GIVEN NAME ADDED. 1-30-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jacob Fried

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 22nd 1897
4. *Place of Birth, (Street and Number)* 209 S. Spring St.
5. *Full Name of Mother,* Yetta Fried
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Louis Fried
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 122 S. Exeter St.

Remarks,

1847U0083408

Wm. J. C. Dulany Co., City Printers and Stationers.

88466

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 22/97
4. Place of Birth, (Street and Number) 2418 Canton Ave.
5. Full Name of Mother, Maggie Phister
6. Mother's Maiden Name, " Ott
7. Mother's Birthplace, Germany
8. Full Name of Father, John Phister
9. Father's Occupation Painter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenholer

Address, MIDWIFE, 2225 Gough St. Baltimore, Md.

Remarks, Full name of child Elizabeth M. Phister added from older sister upon applying for a transcript [illegible] July 15 1898 Margaret Schwagger

8 9 7 0 0 0 8 4 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88466

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ann Elizabeth ——— 1 Marron

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 22 1897
4. *Place of Birth, (Street and Number)* 843 N Howard
5. *Full Name of Mother,* Anne Marron
6. *Mother's Maiden Name,* Anne Smith
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Owen ~~[illegible]~~ E. Marron
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, J W Brown MD

Address, 848 W. North Ave

Remarks, GIVEN NAME ADDED 3-8-54 h.m.

1 8 9 7 0 0 0 3 4 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 22nd
4. *Place of Birth, (Street and Number)* 2816 Lanvale St
5. *Full Name of Mother,* Sophia Touchard
6. *Mother's Maiden Name,* Sophia Stump
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Touchard
9. *Father's Occupation* Bottler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Peregay

Address, 2847 Lanvale St

Remarks,

1 8 9 7 0 0 0 3 4 1 1

third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88x68

RETURN OF A BIRTH.

GIVEN NAME ADDED 4-14-64

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Leroy Brundick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 22 of December, 1897
4. Place of Birth, (Street and Number) 2403. Fait. etc.
5. Full Name of Mother, Kathe Brundick.
6. Mother's Maiden Name, = Benson.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. Brundick.
9. Father's Occupation Vormann.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss.

Address, 613 S. Post St.

Remarks,

1 8 9 7 0 0 0 8 4 1 2

said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88469

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 December 1897
4. Place of Birth, (Street and Number) 1624 Skapespeare St
5. Full Name of Mother, Jeoseff Puorol
6. Mother's Maiden Name, Jeoseff Moma
7. Mother's Birthplace, Germany
8. Full Name of Father, Jeo. Puról
9. Father's Occupation Febarer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 Ann St Baltimore

Remarks,

1897 0008413

third day of each and every month to the office of the Commissioner of Health, or should no other person be in
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88470

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec, 22, 1897
4. Place of Birth, (Street and Number) 370 Forrest St
5. Full Name of Mother, Esther Miller
6. Mother's Maiden Name, " Kres
7. Mother's Birthplace, Russia
8. Full Name of Father, Sam. Miller
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman

Address, 42. Allemarle St.

Remarks, 1 8 9 7 0 0 0 8 4 1 4

said schedule shall be delivered, only signed, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22th Dec
4. Place of Birth, (Street and Number) No. 310 Richmond Str
5. Full Name of Mother, Maria Schnepf
6. Mother's Maiden Name, " Bauer
7. Mother's Birthplace, Germany
8. Full Name of Father, Georg Schnepf
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischoff

Address, No. 731 St Peter St

Remarks,

1 8 9 7 0 0 0 8 4 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-29-66 88472

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Hofman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 22 1897
4. Place of Birth, (Street and Number) 307 S. High St
5. Full Name of Mother, Ester Hofman
6. Mother's Maiden Name, Hofman
7. Mother's Birthplace, Russia Korne State
8. Full Name of Father, Luis Hofman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia Korne State

Name of Medical Attendant, or other person who makes this Return H. Elinder M.D.

Address, 143 N. Front St

Remarks,

1897000341 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88473

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 22-97

4. Place of Birth, (Street and Number) 2210 Eagle St. Balto, Md.

5. Full Name of Mother, Birdie E. McK. Cole

6. Mother's Maiden Name, McKittrick

7. Mother's Birthplace, Balto, Md.

8. Full Name of Father, Walter J. Cole

9. Father's Occupation R.R. Brakeman

10. Father's Birthplace, Balto, Md.

Name of Medical Attendant, or other person who makes this Return, J. Wm. Funck M.D.

Address, DR. J. WM. FUNCK 101 N. FULTON AVENUE BALTIMORE

Remarks, 8 9 7 U 0 0 8 4 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

88474

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) ~~white~~ male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec. 23 1897
4. Place of Birth, (Street and Number) 15 Sandergate
5. Full Name of Mother, Ella Weeler
6. Mother's Maiden Name, Puslaw
7. Mother's Birthplace, America
8. Full Name of Father, Jim Weeler
9. Father's Occupation Labor
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 34 Fort ave

Remarks,

18970008418

said schedule shall be delivered, duly signed by the [illegible] of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88476

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 23 1897
4. Place of Birth, (Street and Number) 837 Canton St
5. Full Name of Mother, Annie Williamson
6. Mother's Maiden Name, Annie Whidic
7. Mother's Birthplace, Balto
8. Full Name of Father, George Williamson
9. Father's Occupation Forman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 Canton St.

Remarks,

8970008419

third day of each and every month of the name of a physician or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88276

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23rd of December 97.

4. Place of Birth, (Street and Number) 334 Schmallwood St

5. Full Name of Mother, Mina Sacks

6. Mother's Maiden Name, Mina Rein

7. Mother's Birthplace, Balto

8. Full Name of Father, Bernhard Sacks

9. Father's Occupation Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W. Pratt St

Remarks,

+ 8 9 7 0 0 0 3 4 2 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

88477

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5c

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December the 23 a 1897
4. Place of Birth, (Street and Number) Hutton Av & 400 N
5. Full Name of Mother, Mercy Kinrich
6. Mother's Maiden Name, Mercy Kierer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William G Kinrich
9. Father's Occupation Poultry Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Wilkins Av

Remarks,

1 8 9 7 0 0 0 8 4 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month in the [illegible] or practioner of midwifery, or should no other person be in [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* Dec 23 1897
4. *Place of Birth, (Street and Number)* 2220 Division St
5. *Full Name of Mother,* Sophia Makell
6. *Mother's Maiden Name,* Sophia Tilgman
7. *Mother's Birthplace,* Dunkirk Calvert Co Md
8. *Full Name of Father,* Julius Makell
9. *Father's Occupation* Laber
10. *Father's Birthplace,* Calvert Co Md

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1610 Vincin Alley

Remarks,

18970008422

said schedule shall be delivered, duly signed by the [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88479

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 23 Dec
4. Place of Birth, (Street and Number) 413 Mott St
5. Full Name of Mother, Lillie Wilson
6. Mother's Maiden Name, Schriver
7. Mother's Birthplace, Balto Co.
8. Full Name of Father, Geo. W. Wilson
9. Father's Occupation Kentucky
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs R Wehrig

Address, 1302 E Lexington St

Remarks,

18970008423

... of each and every month to the office of the Commissioner of midwifery, or should no other person be in ... third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FILM
K O SAFETY

88480

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 23th 1897.
4. Place of Birth, (Street and Number) 915 Styles
5. Full Name of Mother, Rosie Goldstien.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Russia.
8. Full Name of Father, Morris Goldstein
9. Father's Occupation, Bar Tender
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs. Y. Feldman

Address, 1013 E. Lombard. St.

Remarks, 1897000 8424

[illegible] of a physician or practitioner of midwifery, or should no other person be in [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

88481

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1606 Shakspear St.
4. Place of Birth, (Street and Number) 23 December
5. Full Name of Mother, Mary Ratajček
6. Mother's Maiden Name, Dědoušek
7. Mother's Birthplace, Pole
8. Full Name of Father, Thomas Ratajček
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 838 S. Bond St.

Remarks,

1 8 9 7 0 0 0 8 4 2 5

[illegible] month to the office of the Commissioner of Health, [illegible] no other person be in [illegible] day of each and every month to the office of the Commissioner of Health, [illegible] no other person be in [illegible] third day of each and every month to the office of the Commissioner of Health, [illegible] or should no other person be in [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in [illegible] shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, and [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Mieczysław Krawcowicz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 23rd.
4. Place of Birth, (Street and Number) 514 S Bond St.
5. Full Name of Mother, Annie (Krawcowicz) Krawcowicz
6. Mother's Maiden Name, (Wilzantas) Welzant
7. Mother's Birthplace, Pole
8. Full Name of Father, Franke (Krawcowicz) Krawcowicz
9. Father's Occupation (a) Collector
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S. Bond St.

Remarks,

1897 0008426

Wm. J. C. Dulany Co., City Printers and Stationers.

88483

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 23 of Dec.
4. Place of Birth, (Street and Number) 2308 Boston St.
5. Full Name of Mother, Therese Tribull.
6. Mother's Maiden Name, = Kihl.
7. Mother's Birthplace, west. Perufien. (Gem.)
8. Full Name of Father, Frank Tribull.
9. Father's Occupation Laborer.
10. Father's Birthplace, west Perufien.

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss.

Address, 613 S. port St.

Remarks,

1 8 9 7 0 0 0 8 4 2 7

said schedule shall be delivered [illegible] to the office of the Commissioner of Health. In case the birth [illegible] shall be in [illegible] third day of each and every month to the office of the Commissioner of Health, or should no other person be in [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, and [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88484

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December, 23rd. 1897
4. Place of Birth, (Street and Number) No. 66 Belair Avenue
5. Full Name of Mother, Minnie Knight
6. Mother's Maiden Name, " " Steiner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H Knight
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No 7 Mine Bank Lane

Remarks, none.

1897000 8428

shall occur without the attendance of a physician or [illegible] it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88485

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child 1897
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	28 of December
4. Place of Birth, (Street and Number)	1821 S Charles St
5. Full Name of Mother,	Mary Elisabeth Seidel
6. Mother's Maiden Name,	Mary Elisabeth Snyder
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Joseph Seidil
9. Father's Occupation	Sailor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	1828 Light St
Remarks,	Doing Well

1 8 9 7 0 0 0 8 4 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, and the office of the Commissioner of Health. In case the birth is not in the third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88486

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 23d 1897
4. *Place of Birth, (Street and Number)* No: 30 Garrison lane
5. *Full Name of Mother,* Elizabeth Furmanek
6. *Mother's Maiden Name,* Elizabeth Zill
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Furmanek
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Frederick Ave

Remarks,

1897000 3430

third day of each and every month to the office of the [illegible] or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88487

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Negro. female.
2. Race or Color, (if not of the white race) Negro.
3. Date of Birth, Dec 23rd 1897.
4. Place of Birth, (Street and Number) 410 W Hoffman St.
5. Full Name of Mother, Bertie Cook
6. Mother's Maiden Name, Bertie Cook -
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Bernard Brown
9. Father's Occupation Driver.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, L. T. Bennett.

Address, 1030 McCulloh St.

Remarks,

18970008431

said schedule shall be delivered, duly signed, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88488

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 23rd 1897
4. Place of Birth, (Street and Number) 1821 Mulberry St
5. Full Name of Mother, Mrs Annie B Hanna
6. Mother's Maiden Name, Annie Bish
7. Mother's Birthplace, Melrose Carrol Co Md
8. Full Name of Father, William Hanna
9. Father's Occupation Watchman
10. Father's Birthplace, Allegheny Co Penna

Name of Medical Attendant, or other person who makes this Return, M B Lefley

Address, 1004 West Lexington St

Remarks,

1 8 9 7 0 0 0 8 4 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the [illegible] of midwifery, or should no other person be in [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88489

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) mail
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Dec 23 1897
4. Place of Birth, (Street and Number) 548 orchard street
5. Full Name of Mother, Ida Jones
6. Mother's Maiden Name, Ida Walker
7. Mother's Birthplace, Western Shore Forgeina
8. Full Name of Father, Golden Lewis
9. Father's Occupation, labor
10. Father's Birthplace, North Caroline gradvill Co

Name of Medical Attendant, or other person who makes this Return, Lucker hand ford

Address, 601 Stone brokers Court

Remarks, 1 8 9 7 0 0 0 8 4 3 3

shall occur without the attendance [illegible] shall become the duty of the person [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

88490

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 23 — 1897
4. Place of Birth, (Street and Number) 308 S. Spring St.
5. Full Name of Mother, Maggie Reilly
6. Mother's Maiden Name, Cronin
7. Mother's Birthplace, Ireland
8. Full Name of Father, William Reilly
9. Father's Occupation Rigger
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

18970008434

[illegible] and every month to the office of the Commissioner of midwifery, or should no other person be in [illegible] third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-2-55

RETURN OF A BIRTH. 1849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Ford ~~Shaw~~ 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 23 - 97

4. Place of Birth, (Street and Number) 2530 Druid Hill Ave

5. Full Name of Mother, M Shaw

6. Mother's Maiden Name, M. McGregor

7. Mother's Birthplace, Q. A. Co - Md

8. Full Name of Father, J. M Shaw

9. Father's Occupation Conductor

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return L. F. Frey M.D

Address, 2470 D H Ave

Remarks,

T 8970008435

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Dec. 23/1897.
4. Place of Birth, (Street and Number) 227 Arlington Ave.
5. Full Name of Mother, Mary Peal.
6. Mother's Maiden Name, Augustus.
7. Mother's Birthplace, Easten shore.
8. Full Name of Father, Daniel Peal.
9. Father's Occupation Waiter.
10. Father's Birthplace, Talbot Co.

Name of Medical Attendant, or other person who makes this Return, Mary C Jones.

Address, 1121 Saratoga St.

Remarks, Balto Md

1 8 9 7 0 0 0 8 4 3 6

third day of each and every month to the office of the Registrar of Vital Statistics, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88493

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) ~~white race~~
3. Date of Birth, Dec. 23. 1897
4. Place of Birth, (Street and Number) at 947 Milton Place
5. Full Name of Mother, Mrs. Mary Kiel.
6. Mother's Maiden Name, Mary Brunner
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Mr. Charles Kiel.
9. Father's Occupation Upholsterer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. O'Hayer

Address, 524 Hollins St

Remarks,

18970008437

third day of each and every month to the physician or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88494

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Dec 23rd 1897.
4. Place of Birth, (Street and Number) 712 S. Carmon St.
5. Full Name of Mother, Annie L. Horner.
6. Mother's Maiden Name, Annie L. McAdam.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John W. Horner.
9. Father's Occupation Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary C. Peregoy.

Address, 2225 Bank St

Remarks, City.

1 8 9 7 0 0 0 8 4 3 8

shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, 88495

GIVEN NAME ADDED 12/9/60

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Ada Esther NORTON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether ~~male or~~ female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 2930 Dillon St December 23d 1897. 7 o'clock A.M.
4. *Place of Birth, (Street and Number)* 2930 Dillon St
5. *Full Name of Mother* Allice Norton
6. *Mother's Maiden Name* Allice Gough
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Norton
9. *Father's Occupation* Engineer stationary at the Copper works
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. J. E. Prichard MD

Address 1010 Chesapeake St

Remarks Easy and quick labor Both mother and Child are well.

18970008439

condition, whether still born or not, the full name, nativity, and residence of the name of the mother of such child or children.

88496

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 4/28/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lizzetta Hughes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 31st 1897
4. Place of Birth, (Street and Number) 3 Stafford Lane
5. Full Name of Mother, Emma C. Hughes
6. Mother's Maiden Name, Emma C. Pielert
7. Mother's Birthplace, New York
8. Full Name of Father, Joe P. Hughes
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Lewis H. Gundry M.D.

Address, #717 Fred. Ave. Ext.

Remarks,

18970008440

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall occur without the attendance of a physician or [illegible] the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 24 December
4. Place of Birth, (Street and Number) 1523 Nikelson st
5. Full Name of Mother, Meri Hertneki
6. Mother's Maiden Name, " Uharaak
7. Mother's Birthplace, Germany
8. Full Name of Father, John Hertneki
9. Father's Occupation Labour
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Ruth Mason

Address, 1331 Hull st.

Remarks,

8 9 7 0 0 0 8 4 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ETURN OF A BIRTH [illegible]

Registrar of Vital Statistics, Board of Health, Baltimore City.

ate whether 1st, 2d, 3d, &c.) 7

or female) Male

white race) White

24 December 1897

umber) 942 Durham str

Anny Sedlák

Anny Vondráček

Bohimen

Vina Sedlak

Labor

Bohimen

rson who Return, Luise Svatora

1010 Durham str

7 0 0 0 8 4 4 2

ETURN OF A BIRTH. 88478

Registrar of Vital Statistics, Board of Health, Baltimore City.

ate whether 1st, 2d, 3d, &c.) 7

or female) Male

e white race) White

24 December 1897

Number) 942 Durham str.

Anna Sedlák

Anny Vondráček

Bohimen

Vina Sedlak

Labor

Bohimen

rson who Return, Luise Svatora

1010 Durham str.

7 0 0 0 8 4 4 2

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

ETURN OF A BIRTH. 88478

Registrar of Vital Statistics, Board of Health, Baltimore City.

ate whether 1st, 2d, 3d, &c.) 7

or female) Male

e white race) White

24 December 1897

Number) 942 Durham str

Anna Sedlák

Anny Vondráček

Bohimen

Vina Sedlak

Labor

Bohimen

erson who Return, Luise Svatora

1010 Durham str

70008442

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

88499

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

Father's Occupation

Mother's Birthplace,

Medical Attendant, or other person who makes this Return,

1897 0004 43

RETURN OF A BIRTH.

GIVEN NAME ADDED 7-27-62

To the Office of Registrar of Vital Statistics, ~~Board of Health,~~ Baltimore City.

Name: Irene ~~Hare~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 24th 1897
4. Place of Birth, (Street and Number) 517 Third Ave. Hampden
5. Full Name of Mother, Anna Mary Hare
6. Mother's Maiden Name, Anna Mary Alban
7. Mother's Birthplace, Carroll Co. Md.
8. Full Name of Father, John Hare
9. Father's Occupation Laborer
10. Father's Birthplace, Balt. Co. Md

Name of Medical Attendant, or other person who makes this Return, Geo. F. Shower, M

Address, 421 Roland Ave.

Remarks, 89,0008444

RETURN OF A BI

To the Office of Registrar of Vital Statistics, Board of Health,

88501

Name: Charles ~~Bishop~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 27th (24th)
4. Place of Birth, (Street and Number) 405 S. Durham
5. Full Name of Mother, Elizabeth (~~Lizzie~~) ~~Senft~~
6. Mother's Maiden Name, " ~~Lizzie~~ Senft
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Joseph Bishop
9. Father's Occupation Varisher
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave

Remarks, Balto Md.

1 8 9 7 0 0 0 0 x 4 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Extract Regulations of the Health Department

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that has been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or practioner of midwifery, or should no other person or attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are [illegible]

88502

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 24th 1897
4. *Place of Birth, (Street and Number)* 212 S. Durham St
5. *Full Name of Mother,* Maggie Wexnder
6. *Mother's Maiden Name,* Maggie Dittlemyer
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Wexnder
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md

Remarks,

1897000084456

Wm. J. C. Dulany Co., City Printers and Stationers.

88508

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 December 1897
4. *Place of Birth, (Street and Number)* 582 Bont St
5. *Full Name of Mother,* Apolonia Kruboska
6. *Mother's Maiden Name,* A. Roicinska
7. *Mother's Birthplace,* Austrylic
8. *Full Name of Father,* Jean Krubowski
9. *Father's Occupation* J. Talower
10. *Father's Birthplace,* Austrylic

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 Ann St

Remarks, Baltimore

1 8 9 7 0 0 0 8 4 4 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto annexed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d"

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 24th 1897.
4. Place of Birth, (Street and Number) No. 422. Pratt St.
5. Full Name of Mother, Rosa Lindenmyer
6. Mother's Maiden Name, Rosa Weber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Lindenmyer.
9. Father's Occupation Clerk.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs Katherine Hornung

Address, No. 15.17. Byrd St.

Remarks,

1897 0008448

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH. 85345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a True and Correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 24, 1897.
4. *Place of Birth, (Street and Number)* No. 1502 N. Gay Street
5. *Full Name of Mother,* Mary A Dietz
6. *Mother's Maiden Name,* Mary A. Riffel.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* George P. Dietz
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Dr. A. Blessell M.D.

Address, 1714 Hanover

Remarks,

8 7 7 0 0 0 3 4 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy George Potter Thompson
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 24/97
4. *Place of Birth, (Street and Number)* 206 S. Washington Str.
5. *Full Name of Mother,* Martha Thompson
6. *Mother's Maiden Name,* Maude Potter
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Thompson
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs. Deisenhofer.

Remarks, MIDWIFE,

Name added 7/18/38 [illegible] Geo. W. Thompson (Father) 2225 Gough St. Baltimore, Md.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the [illegible] in the [illegible] of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Decber 24th 1897
4. Place of Birth, (Street and Number) 511 S. Durham Str
5. Full Name of Mother, Catherine Glock
6. Mother's Maiden Name, Catherine Mathias
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Glock
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Kron Midwife

Address, 1922 E. Fayette Street

Remarks,

1 8 9 7 0 0 0 8 4 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88508

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 24 of december 1897
4. *Place of Birth, (Street and Number)* 1643 Vincent st
5. *Full Name of Mother,* Mary Ellen Diggs
6. *Mother's Maiden Name,* Mary E Fraction
7. *Mother's Birthplace,* Salem Virginia
8. *Full Name of Father,* Thomas W. Diggs
9. *Father's Occupation* Hard carier
10. *Father's Birthplace,* Calvert County M.D.

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Rollins

Address, 1610 Vincent st Baltimore City M.D

Remarks,

1897 0008 452

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	24 December
4. *Place of Birth, (Street and Number)*	733 Howard ave
5. *Full Name of Mother,*	Mary Birkmier
6. *Mother's Maiden Name,*	Mary Lussler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frederick Birkmier
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. Cunningham
Address,	
Remarks,	

1897 0009453

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

88670

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 24 /97
4. Place of Birth, (Street and Number) # 807 S. Cannon St
5. Full Name of Mother, Dora Mannis
6. Mother's Maiden Name, Dora Filip. Philips
7. Mother's Birthplace, Germany.
8. Full Name of Father, Benjamin Ben Mannis
9. Father's Occupation Oyester Dreger
10. Father's Birthplace, Maryland Texas

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, # 1710 Alice Anna St

Remarks, None

1 8 9 7 0 0 0 8 4 5 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the first third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state ~~whether male or~~ female)*
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth,* Dec 24/97
4. *Place of Birth, (Street and Number)* 1737 N Bond
5. *Full Name of Mother,* Lizzie Laible
6. *Mother's Maiden Name,* Nicholaus
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Herman E Laible
9. *Father's Occupation* File Cutter
10. *Father's Birthplace,* Esslingen Germany

Name of Medical Attendant, or other person who makes this Return, [signature]

Address, 1517 N Bond St

Remarks,

1897 U 008455

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 24th 1897
4. *Place of Birth, (Street and Number)* No. 1023 L. Sterrett St
5. *Full Name of Mother,* Mary Ann Wortmann
6. *Mother's Maiden Name,* Mary Ann Kelly
7. *Mother's Birthplace,* County Claire Ireland.
8. *Full Name of Father,* Benjamin Wortmann
9. *Father's Occupation* Glass Packer
10. *Father's Birthplace,* Baltimore, Md. U.S.A.

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

18970008456

said schedule shall be delivered, duly signed by the [illegible] Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88573

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 24th 1897
4. Place of Birth (Street and Number) Balto (Carroll st Annex)
5. Full Name of Mother Julia Gordnch
6. Mother's Maiden Name Julia Kuly
7. Mother's Birthplace St Marys Co Ma
8. Full Name of Father Lewis M Goodnch
9. Father's Occupation House Painter
10. Father's Birthplace St Mays Co Ma

Name of Medical Attendant, or other Person who makes this Return. A A White Mtd

Address 1505 W Lexington st

Remarks

18970008457

advise at the birth of any child, within the city of Baltimore, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

88574

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male Edward M Nappel
2. Race or Color, (if not of the white race)
3. Date of Birth, 24 Dec
4. Place of Birth, (Street and Number) 1124 Harford ave
5. Full Name of Mother, Maggie Nappel
6. Mother's Maiden Name, " Gilbert
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Thomas Nappel
9. Father's Occupation Clerk
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulbrig

Address, 1302 E Lexington St

Remarks, Name added By Father 5/23/38 & Thomas J Nappel (Father)

8 5 0 7 4 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, or a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 24th /97
4. *Place of Birth, (Street and Number)* 503 N. Bond St
5. *Full Name of Mother,* Emma B. Ulrich
6. *Mother's Maiden Name,* Emma B. Rodgers
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* John Ulrich
9. *Father's Occupation* Scroll-Sawyer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Megret Magnus

Address, No 474 phil road Orangeville B County

Remarks,

1 8 9 7 0 0 0 8 4 5 9

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-31-55

RETURN OF A BIRTH.

88646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Daniel Klein, 3rd.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 2d. 1897.
4. Place of Birth, (Street and Number) 1749 E. North Ave.
5. Full Name of Mother, Emilie E. Klein
6. Mother's Maiden Name, " " Emrich
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Albert D. Klein Jr.
9. Father's Occupation Brick mason Partner
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1321 N. Caroline St.

Remarks,

1 8 9 7 0 0 0 8 4 6 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

~~88477~~
88517

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12/24/97
4. Place of Birth, (Street and Number) Balto. University Hospital
5. Full Name of Mother, Elizabeth Lomax
6. Mother's Maiden Name, Elizabeth Cox
7. Mother's Birthplace, St. Mary's Co. Md.
8. Full Name of Father, Wm. R. Lomax
9. Father's Occupation Baggage Master
10. Father's Birthplace, Wilson N. C.

Name of Medical Attendant, or other person who makes this Return, F. H. Scholle M.D.

Address,

Remarks,

1 8 9 7 0 0 0 8 4 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, [illegible] to the office of the Commissioner of Health. In case the birth of any child [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Name

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 25 1897
4. *Place of Birth, (Street and Number)* 635 N. Wolfe
5. *Full Name of Mother,* Minnie Haase
6. *Mother's Maiden Name,* Hamilton
7. *Mother's Birthplace,* Kent Co. Md
8. *Full Name of Father,* William Haase
9. *Father's Occupation* Beer Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Hanzlik
E. Eager M. D. 1925.

Address,

Remarks,

8970008462

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

88579

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th December
4. *Place of Birth, (Street and Number)* 806 Harford Ave
5. *Full Name of Mother,* Annie Kennedy
6. *Mother's Maiden Name,* Annie McDonald
7. *Mother's Birthplace,* Wexford
8. *Full Name of Father,* Ambrose Kennedy
9. *Father's Occupation* Salon Rufus
10. *Father's Birthplace,* Wexford

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 W Pappleton St

Remarks,

8 9 7 0 0 0 8 4 6 3

said schedule shall be delivered, duly signed by the practitioner in the [illegible] Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 25th 1897
4. *Place of Birth, (Street and Number)* 224 Albemarle st.
5. *Full Name of Mother,* Mary Tauber
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* John Tauber
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Bernstein

Address, 122 S. Exeter st.

Remarks,

1897 008464

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the [illegible] Commissioner of Health. In case the birth of any [illegible] third day of each and every month to the office of the Commissioner of Health, or should no other person be [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be [illegible] shall become the duty of the person or parents, of such [illegible] attendance upon the mother, immediately thereafter. It shall be [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, and [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 25th 1897
4. Place of Birth, (Street and Number) 935 E Chase St
5. Full Name of Mother, Augusta Schlerf Knepper
6. Mother's Maiden Name, Augusta Schlerf
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis L Knepper
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Charles Key Thomas M.D

Address, 1312 N Charles Street

Remarks, 18970008465

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

Wm. J. C. Dulany Co., City Printers and Stationers.

See: Certificate 88022

88495

1236

RETURN OF A BIRTH.

GIVEN NAME ADDED 12/9/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ada Esther NORTON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 25th 1897
4. Place of Birth, (Street and Number) 2132 Dillon St.
5. Full Name of Mother, Alice Norton
6. Mother's Maiden Name, Gough
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Norton
9. Father's Occupation Engineer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Sarah P. Harrington

Address, 1 8 9 7 0 0 20/8 4 6 6 Bixney St.

Remarks,

...onth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have ...en conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...ld schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...ird day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...all occur without the attendance of a physician or practioner of midwifery, or should no other person be in ...tendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...ild to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...y such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub...cted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-2-64

RETURN OF A BIRTH.

88523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

Name: DAVIDGE HARRISON Rowland

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec. 25, 1897.

4. Place of Birth, (Street and Number) 915 Cathedral St, Balto.

5. Full Name of Mother, Henrietta H. Rowland.

6. Mother's Maiden Name, Henrietta Harrison

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry A. Rowland

9. Father's Occupation Professor of Physics

10. Father's Birthplace, Honesdale, Pa.

Name of Medical Attendant, or other person who makes this Return, Howard A. Kelly

Address, 1406 Eutaw Place.

Remarks,

1897 00084 67

Wm. J. C. Dulany Co., City Printers and Stationers.

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name conferred, its sex, color, the full name and occupation of its parents, and the number in the form of a certificate between the dates and said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-13-60

RETURN OF A BIRTH. 88624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Davis Abbott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 25, 1897
4. Place of Birth, (Street and Number) 917 N. Carrollton ave.
5. Full Name of Mother, Allie C. Abbott
6. Mother's Maiden Name, " " Carter
7. Mother's Birthplace, Virginia
8. Full Name of Father, Byrdine A. Abbott
9. Father's Occupation Preacher
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, H. E. Knight M.D.

Address, 523 St.

Remarks,

0 7 0 0 0 8 4 6 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Station

RETURN OF A BIRTH.

98525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 7

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth,* Dec 25/57
4. *Place of Birth, (Street and Number)* 1505 N Bethel
5. *Full Name of Mother,* Louise J Keller
6. *Mother's Maiden Name,* " " Waltjen
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* J. Hy Keller
9. *Father's Occupation* Huckster
10. *Father's Birthplace,* Penna.

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1502 N Bond St.

Remarks,

8970008469

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236]

RETURN OF A BIRTH. 88226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 25 - 1897
4. Place of Birth, (Street and Number) 512 Charles st
5. Full Name of Mother, Margret Bannon
6. Mother's Maiden Name, " Rezon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michel Bannon
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Midwife

Address, Mrs Katie Lecar

No 1705 Byrds st

Remarks, Baltimore

8 9 7 0 0 0 8 4 7 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 25th 1897.
4. Place of Birth, (Street and Number) 1305 N. Eden st.
5. Full Name of Mother, Helen J. Wright
6. Mother's Maiden Name, " " Gorsuch
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Andrew J. Wright
9. Father's Occupation Salesman
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8 4 7 0 0 0 8 4 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

been considered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 88628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 25th 1897
4. Place of Birth, (Street and Number) No - Ramsay Alt
5. Full Name of Mother, Lena Klein
6. Mother's Maiden Name, Lena Bodenback
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard Klein
9. Father's Occupation Teamster
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No. 512 Frederick Ave

Remarks,

8 9 7 0 0 0 8 4 7 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-27-52

RETURN OF A BIRTH.

88529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Walter ~~Vernon~~ Macneal

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 25, 1897
4. Place of Birth, (Street and Number) 1631 N Broadway
5. Full Name of Mother, Isabelle H MacNeal
6. Mother's Maiden Name, Isabelle H England
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Walter MacNeal
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. T. Martenet M.D.

Address, 1707 N Caroline St

Remarks,

8 9 7 0 0 0 8 4 7 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

1230]

RETURN OF A BIRTH. 88530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thirth Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December 25 1897
4. Place of Birth, (Street and Number) 863 Paton Street
5. Full Name of Mother, Eitha McGuire
6. Mother's Maiden Name, Eitha Gibney
7. Mother's Birthplace, Virginia
8. Full Name of Father, Nelson McGuire
9. Father's Occupation Boxboning work
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Hester Malone

Address, 609 Preston Street

Remarks,

8 4 7 0 0 0 8 4 7 4

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH.

88531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 25 1897
4. Place of Birth, (Street and Number) 1016 Eastern Ave.
5. Full Name of Mother, Lizzie M. Hall
6. Mother's Maiden Name, Fritzges
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Hall
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Marg Stein

Address, 1429 E. Pratt St.

Remarks,

8970008475

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH.

88632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 25th 1897
4. *Place of Birth, (Street and Number)* 1707 Cerio St
5. *Full Name of Mother,* Nellie Scott
6. *Mother's Maiden Name,* Nellie Taylor
7. *Mother's Birthplace,* Northumberland Co Va.
8. *Full Name of Father,* Edward G. Scott
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return, Mary Harvey

Address, 1809 Lorman St

Remarks,

8 9 7 0 0 0 3 4 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1

1. *Sex, (state whether male ~~or female~~)* Male
2. *Race or Color, (~~if not of the white race~~)* Colored
3. *Date of Birth,* 25 of Dec. 1897 at 9 o'clock
4. *Place of Birth, (Street and Number)* 1531 Mullikin street
5. *Full Name of Mother,* Harriette Kain
6. *Mother's Maiden Name,* — — Hillard
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Thomas Kain
9. *Father's Occupation* labor
10. *Father's Birthplace,* Cambridge Md

Name of Medical Attendant, or other person who makes this Return, Josephine Amos Co

Address, 920 Shuter Street

Remarks, Mother is well but the child is well

8970008477

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	Mulatto
3. *Date of Birth,*	December 25th 1897
4. *Place of Birth, (Street and Number)*	1125 Wolfe Street
5. *Full Name of Mother,*	Susanne Voelcker
6. *Mother's Maiden Name,*	Susanne Koelker
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Herman Voelcker
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs H. Brown Midwife
Address,	1922 E Fayette Street
Remarks,	

B 7 7 U 0 0 8 4 7 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1330]

RETURN OF A BIRTH. 88536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Margaret Marie~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 25th
4. Place of Birth, (Street and Number) 2205 N Calvert street
5. Full Name of Mother, Adele Louise Bristor
6. Mother's Maiden Name, " " Jeanneret
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph W Bristor
9. Father's Occupation Attorney at Law
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Haughton Baxley M.D.

Address, 22nd & Guilford ave

Remarks, Joseph W Bristor [illegible]

7/28/38

8 7 0 0 0 8 4 7 9

[illegible] shall enter the same on blank schedule, to be furnished by the Commissioner of [illegible] shall hereafter take place, shall keep a true and correct [illegible] practicing midwifery in the City of [illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulan Co., City Printers and Stat[illegible]

RETURN OF A BIRTH.

88636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 25/97
4. *Place of Birth, (Street and Number)* 152 N. Milton Ave.
5. *Full Name of Mother,* Maggie Schmidt
6. *Mother's Maiden Name,* " Haselbach
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father* John Schmidt
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

1 8 9 7 0 0 0 8 4 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 88537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 25 December
4. *Place of Birth, (Street and Number)* 1438 Port Ave.
5. *Full Name of Mother,* Fannie Knight
6. *Mother's Maiden Name,* " Elton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* D. Knight.
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Ruth Mahoney

Address, 1331 Hull St.

Remarks,

1 8 9 7 0 0 0 8 4 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

88588

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child 1st

1. Sex (state whether male or ~~female~~) Male - Daniel Powell Poteet
2. Race or Color, (if not of the white race) White
3. Date of Birth 6 oclock AM Saterday Dec 25th 1897
4. Place of Birth, (Street and Number) South west cor Patterson Pk ave & Bank St
5. Full Name of Mother Marion (Poteete) Poteet
6. Mother's Maiden Name Marion Powell
7. Mother's Birthplace Baltimore
8. Full Name of Father ~~Willmer~~ Willmer (Poteete) Poteet
9. Father's Occupation Superintend
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J E Pichard MD

Address 1010 Chesapeake St

Remarks Easy labor 6 hours duration The boy weigh 9½ lbs

Both mother and child are doing well

6 7 0 0 8 4 8 2

[illegible] within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

236.]

RETURN OF A BIRTH. 88539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 26 1897
4. *Place of Birth, (Street and Number)* 1032 Lombard St
5. *Full Name of Mother,* Ida Brown
6. *Mother's Maiden Name,* " Rosafsky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Davis Brown
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E. Schuman

Address, 42. Albemarle St

Remarks,

8 7 7 0 0 0 0 4 8 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

88541

GIVEN NAME ADDED A BIRTH.

8/10/67

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: FREDERICK CARL EMERICK

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 26, 1897
4. *Place of Birth, (Street and Number)* 523 Bloom st
5. *Full Name of Mother,* Fanny Emerick
6. *Mother's Maiden Name,* Shultz
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Frederick Emerick
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return. H A Gonnich

Address, 808 Carrollton Ave

Remarks,

18970008484

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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[33.]

RETURN OF A BIRTH. 88512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, Dec. 26/97
4. Place of Birth, (Street and Number) 2032 Walbrook Ave.
5. Full Name of Mother, Mrs Kate Miller
6. Mother's Maiden Name, Not known
7. Mother's Birthplace, Balto.
8. Full Name of Father, Not known
9. Father's Occupation Not known
10. Father's Birthplace, do.

Name of Medical Attendant, or other person who makes this Return, E A Guild M D

Address, 2531 Penna. Ave.

Remarks,

1897000084 85

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 885418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1a
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Dec 26 1897
4. *Place of Birth, (Street and Number)*	Johns Hopkins Hospital
5. *Full Name of Mother,*	Julia Henry
6. *Mother's Maiden Name,*	Julia Fuller
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Samuel Henry
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Geo Lo Dobbin M D
Address,	The Johns Hopkins Hospital
Remarks,	

8 9 7 0 0 0 3 4 8 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 85541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, Dec. 26, 1897

4. Place of Birth, (Street and Number) 1013 Howard St. South

5. Full Name of Mother, Ida Laws Martin

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, Frank Laws.

9. Father's Occupation Laborer.

10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Hatchett (Hannah) 1st name 1st name

Address, 609 Campbell St.

Remarks,

1897 U 0008487

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to be between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 18th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12-26-97
4. *Place of Birth, (Street and Number)* 853 Ramsay St.
5. *Full Name of Mother,* Annie Victoria Callahan
6. *Mother's Maiden Name,* " " Hoffman
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Evd Joseph Callahan
9. *Father's Occupation* Moulder
10. *Father's Birthplace,* N.Y.

Name of Medical Attendant, or other person who makes this Return, D. J. Long

Address, 115 W. H

Remarks,

8970008488

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1346.]

RETURN OF A BIRTH. 88646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Dec. 26th 1897.
4. Place of Birth, (Street and Number) #2386 Baxter Ave. Balto.
5. Full Name of Mother, Kate Hart.
6. Mother's Maiden Name, Kate White
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Charles Hart.
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, #611 S. Patterson Pk. Ave.

Remarks,

8 9 7 0 0 0 8 4 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Emma Marie Kronenberg 6th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 26th of December 1897
4. Place of Birth, (Street and Number) No. 713 West Lanvale St
5. Full Name of Mother, Eliza Mary Kronenberg
6. Mother's Maiden Name, Eliza Mary Boetter
7. Mother's Birthplace, Deibel in Germany
8. Full Name of Father, August H Kronenberg
9. Father's Occupation Boxmaker
10. Father's Birthplace, Lieberau, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Barre

Address, [redacted]

Remarks, GIVEN NAME ADDED 2-24-53 L.M.

1897 0008490

Wm. J. C. Dulany Co,. City Printers and Stationers.

88548

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother of 7 children

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December 26th 1897
4. Place of Birth, (Street and Number) 610 Jasper St. Balto Md.
5. Full Name of Mother, Martha Jackson
6. Mother's Maiden Name, Martha Tasco
7. Mother's Birthplace, Washington County Md.
8. Full Name of Father, Wesley Trusty
9. Father's Occupation Fertilizer Factory
10. Father's Birthplace, Queen Ants County Md.

Name of Medical Attendant, or other person who makes this Return, Miss Fannie Myers

Address, No 722 Bradley St. Balto Md.

Remarks, " " " " " " " " " "

8970008491

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88549

GIVEN NAME ADDED, 1-14-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Thomas Benton Ferkler, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 26th 1897.
4. Place of Birth, (Street and Number) 1727 E. Eager st.
5. Full Name of Mother, Ida May Ferkler
6. Mother's Maiden Name, " " Phillips
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Thos. Benton Ferkler
9. Father's Occupation Salesman
10. Father's Birthplace, Harper's Ferry W. Va.

Name of Medical Attendant, or other person who makes this Return, E. B. Ferby, M.D.

Address, 1219 N. Caroline st.

Remarks,

877U0008492

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

W. C. Dulany Co., City Printers and Stationers.

8.8.550

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 26th 97
4. Place of Birth, (Street and Number) 1021. W Fayette St
5. Full Name of Mother, Catharine D. Goertz
6. Mother's Maiden Name, " " Burch
7. Mother's Birthplace, Baltimore. Md
8. Full Name of Father, Henry E. Goertz
9. Father's Occupation Watch + Clock Maker
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Addison C. Fox. Md

Address, 1205. W Fayette St

Remarks,

8 9 7 0 0 0 8 4 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...sand schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

GIVEN NAME ADDED 8-22-52

RETURN OF A BIRTH. 88657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Jenny ~~Goldberg~~ Fanny Goldberg 8th ch.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 26, 1897.
4. Place of Birth, (Street and Number) 11 York St.
5. Full Name of Mother, Rosa Goldberg
6. Mother's Maiden Name, " Koplin
7. Mother's Birthplace, Russia
8. Full Name of Father, Hessel Goldberg
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Rubinstein

Address, 123 W. Barre St.

Remarks,

8 9 7 U 0 0 8 4 9 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colerd
3. Date of Birth, December the 26 1897
4. Place of Birth, (Street and Number) 506 elbaulane
5. Full Name of Mother, Cassy ward
6. Mother's Maiden Name, Cassy sims
7. Mother's Birthplace, dorchester County
8. Full Name of Father, William ward
9. Father's Occupation, labour
10. Father's Birthplace, dorchester County

Name of Medical Attendant, or other person who makes this Return, Bridgit Hunt

Address, No 8 east Lluyd st

Remarks, full 9 months

1897 U 0008495

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd -
1. *Sex, (state whether male or female)*	male -
2. *Race or Color, (if not of the white race)*	W -
3. *Date of Birth,*	Dec 26 '98
4. *Place of Birth, (Street and Number)*	1742 E Lanvale -
5. *Full Name of Mother,*	Laura E. Hedges
6. *Mother's Maiden Name,*	" " Cole
7. *Mother's Birthplace,*	Balto Co. Md
8. *Full Name of Father,*	Jno S. Hedges
9. *Father's Occupation*	Baggage agt
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Wm J Watson
Address,	1601 Broadway
Remarks,	Balto

+ 8 7 7 U 0 0 8 4 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Dec 26 - 1897.
4. Place of Birth, (Street and Number) 1823 W Fayette.
5. Full Name of Mother, Louise Nicklas
6. Mother's Maiden Name, Louise Waldkoenig
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John B. Nicklas.
9. Father's Occupation, Bookkeeper.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Louis F. Kommann.

Address, 1918 W. Baltimore st.

Remarks,

8 9 7 0 0 0 8 4 9 7

Wm J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 88555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 7

1. Sex, (~~state whether male or~~ female) female
2. Race or Color, (~~if not of the white race~~) Colored
3. Date of Birth, 27 of Dec 1897 ½ 2-oclock A.M
4. Place of Birth, (Street and Number) 88 Erdmans AVE. Balto Co Md
5. Full Name of Mother, Schaslota Frisby
6. Mother's Maiden Name, Boardley
7. Mother's Birthplace, Queen anns County Md.
8. Full Name of Father, Charles E. Frisby
9. Father's Occupation labor
10. Father's Birthplace, Baltimore city Md

Name of Medical Attendant, or other person who makes this Return, Josephine Amos Cooper

Address, 920 Shuter Street

Remarks, Mother and Thy Both are well

Balto city Md

1897 0008498

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236.]

88686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 27 Dec 97
4. Place of Birth, (Street and Number) 1428 Covington St
5. Full Name of Mother, Marry E. Kipp
6. Mother's Maiden Name, " " Bosmann
7. Mother's Birthplace, Balto
8. Full Name of Father, John Kipp
9. Father's Occupation Cotton
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas E. Gewell

Address, 650 E. Fort Ave

Remarks,

1897U008499

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 27/97
4. *Place of Birth, (Street and Number)*	1421 Hull St
5. *Full Name of Mother,*	Mrs Honora Calder
6. *Mother's Maiden Name,*	Honora Durston
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Thos Calder
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Ann E Conner
Address,	1112 Hanbert St
Remarks,	

1897 00085 00

Wm. J. C. Dulany Co., City Printers and Stationers

236.]

RETURN OF A BIRTH. 88558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29 Dec 97
4. *Place of Birth, (Street and Number)* 1531 St Charles St
5. *Full Name of Mother,* Kate Freeburger
6. *Mother's Maiden Name,* " O'Connell
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Freeburger
9. *Father's Occupation* Capt
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Jewell

Address, 650 E Fort Ave

Remarks,

1897000 8501

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH.

88549

GIVEN NAME ADDED 8/1/61

To the Office of Registrar of Vital Statistics, [illegible]rd of Health, Baltimore City.

Name: John William Maher

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27 December 1897
4. Place of Birth, (Street and Number) 1516 Clement St.
5. Full Name of Mother, Grace Maher
6. Mother's Maiden Name, " Wasmus
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Maher
9. Father's Occupation Shipbuilder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dorth. Mahrer

Address, 1331 Hull St

Remarks,

1897000 8502

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88560

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 27th 1897
4. Place of Birth, (Street and Number) 104 N. Fremont Avenue
5. Full Name of Mother, Mary A. Schafer
6. Mother's Maiden Name, Mary A. O'Brien
7. Mother's Birthplace, Ireland
8. Full Name of Father, Nicholas J. Schafer
9. Father's Occupation Policeman W. D.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Hunter

Address, 213 N. Appleton St

Remarks,

1897 3503

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH. 88561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth Birth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 27th
4. Place of Birth, (Street and Number) 1503 North Calhoun St
5. Full Name of Mother, Maggie Buckingham
6. Mother's Maiden Name, Maggie Renaham
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Theodore Buckingham
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Dr. J. Stockney

Address, 731 Cumberland St

Remarks,

1897 0008504

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 27th 1899
4. *Place of Birth, (Street and Number)* 450 E. 23rd St.
5. *Full Name of Mother,* Marie Bunnedett Whiting
6. *Mother's Maiden Name,* Marie B. Kilroy
7. *Mother's Birthplace,* Govanstown Md.
8. *Full Name of Father,* Samuel Albert Whiting
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Dr. G. C. E. Vogler

Address, 1271 E. North ave

Remarks,

1 8 9 7 0 0 0 8 5 0 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH.

88563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

Name: Richard Henry Jackson

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 27 Dec 1897
4. Place of Birth, (Street and Number) 226 West York Street
5. Full Name of Mother, Winnie Jackson
6. Mother's Maiden Name, Winnie Maddox
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Levi Jackson
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Charity Boulden

Address, 808 Stockholm Street

Remarks, Doing [illegible]

8 9 7 0 0 0 8 5 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month [illegible] the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88364

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	27th of December 97.
4. Place of Birth, (Street and Number)	416 Frederick Av
5. Full Name of Mother,	Mage Schaper
6. Mother's Maiden Name,	Mage Kapauf
7. Mother's Birthplace,	Germany
8. Full Name of Father,	William Schaper
9. Father's Occupation	Blackschmidt
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W Pratt Str
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1897 0008507

Wm. J. C. Dulany Co., City Printers and Stationers.

88565

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December the 27 1897
4. Place of Birth, (Street and Number) Eagle st No 2104
5. Full Name of Mother, Emmer O French
6. Mother's Maiden Name, Emmer O routzahn
7. Mother's Birthplace, Princes geages Co Md
8. Full Name of Father, forter Routzahn
9. Father's Occupation yard Clerk B Orailroad Co
10. Father's Birthplace, Fredrick Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Wilkins Av

Remarks,

1897000850 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 88566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 Dec 1897
4. *Place of Birth, (Street and Number)* 2010 Federal st
5. *Full Name of Mother,* Cungunda Nzech
6. *Mother's Maiden Name,* Cu — — Shunat
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Zech
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1610 N. Wolfe st

Remarks,

1897000 8509

Wm. J. C. Dulany Co., City Printers and Stationers.

[236.]

of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
ner of midwifery, or should no other person be in
ll become the duty of the person or parents of such
e manner and within the period above required, and
ty with the provisions of this section shall be sub-
overed as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 27th 1897
4. *Place of Birth, (Street and Number)* No: 12 Memples Lane
5. *Full Name of Mother,* Mary Ballerstadt
6. *Mother's Maiden Name,* Mary Gad Pries
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Ballerstadt
9. *Father's Occupation* stevedor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Frederick Ave

Remarks,

1897 0008510

Wm. J. C. Dulany Co., City Printers and Stationers.

1336

RETURN OF A BIRTH. 88668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child Born
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24 of January
4. *Place of Birth, (Street and Number)*	210 E Monument St
5. *Full Name of Mother,*	Estella Augusta Anderson
6. *Mother's Maiden Name,*	Estella Augusta Ward
7. *Mother's Birthplace,*	Baltimore MD
8. *Full Name of Father,*	Edward Rafet Anderson
9. *Father's Occupation*	Cook Keeper
10. *Father's Birthplace,*	Ohio
Name of Medical Attendant, or other person who makes this Return,	Mrs Elija Brooks
Address,	1525 East St
Remarks,	Daing Well

1 8 9 7 U 0 0 8 5 1 1

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[...36.]

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 of December 1897
4. Place of Birth, (Street and Number) 410 Maderi aly
5. Full Name of Mother, Franzes ~~Vališ~~ Hradsky
6. Mother's Maiden Name, Franzes Vališ
7. Mother's Birthplace, Bahemia
8. Full Name of Father, Jehm Hradsky
9. Father's Occupation Thailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Luise Svatara

Address, 1010 Durham str

Remarks,

1 8 9 7 0 0 0 8 5 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 27/97
4. *Place of Birth, (Street and Number)* 1801 Maryland Ave
5. *Full Name of Mother,* Mr Emma Seems,
6. *Mother's Maiden Name,* ?
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* J. R. Seems
9. *Father's Occupation* Bf Rail wader.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Dr Mellor Smithman MKS

Address, 1918 N. Charles St.

Remarks,

8 9 7 0 0 0 8 5 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88571

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 27th. 1897.
4. Place of Birth, (Street and Number) 1212 Gough St
5. Full Name of Mother, Maggie Zorbach Cavanaugh.
6. Mother's Maiden Name, Maggie Zorbach.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Franklin Cavanaugh.
9. Father's Occupation, Ship Chandler.
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return, Charles H. Thomas M.D.

Address, 1312 N. Charles Street

Remarks,

8 9 7 0 0 0 8 5 1 4

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 88572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 7/97
4. *Place of Birth, (Street and Number)*	94 Cedar Ave
5. *Full Name of Mother,*	Annie M Westerfield
6. *Mother's Maiden Name,*	" " Cass
7. *Mother's Birthplace,*	Harford Co Md.
8. *Full Name of Father,*	Augustus R Westerfield
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	Wm. H. Feddeman
Address,	102 Chestnut Ave
Remarks,	

1897000085 15

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

336.]

RETURN OF A BIRTH. 88573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec. 27th. 1897

4. *Place of Birth, (Street and Number)* #716 S. Montford Ave

5. *Full Name of Mother,* Annie Hurley

6. *Mother's Maiden Name,* Annie Smith

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* James Hurley.

9. *Father's Occupation* Captain S.

10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, #611 S. Patterson Pk. Ave.

Remarks,

1897 0008516

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[2236]

RETURN OF A BIRTH. 55574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Children
1. *Sex, (state whether male or female)*	Female "
2. *Race or Color, (if not of the white race)*	White "
3. *Date of Birth,*	December 27 1897.
4. *Place of Birth, (Street and Number)*	25 Guilford Alley
5. *Full Name of Mother,*	Katern Cronin
6. *Mother's Maiden Name,*	Katern Connely
7. *Mother's Birthplace,*	Baltimore Maryland
8. *Full Name of Father,*	John Cronin
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	M. D. Mrs Ann Taylor.
Address,	41 Guilford Alley
Remarks,	None.

1897 00035 17

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1236]

RETURN OF A BIRTH.

88575.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second,

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 December. 1897.
4. Place of Birth, (Street and Number) 159 West Street. Baltimore M. D.
5. Full Name of Mother, Ellen Well.
6. Mother's Maiden Name, Ellen Fannen.
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Harry. Well,
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore, M. D.

Name of Medical Attendant, or other person who makes this Return, Mrs Ann Taylor.

Address, 41, Guilford Alley.

Remarks.

1 8 9 7 0 0 0 8 5 1 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236.]

[redacted]

88576

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 Dec. 1897
4. *Place of Birth, (Street and Number)* 1323 E Lombard St
5. *Full Name of Mother,* Dora Hinch Young
6. *Mother's Maiden Name,* " Young
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Edward Hinch Young
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulbig

Address, 1302 E Lexington St

Remarks,

1 8 9 7 0 0 0 8 5 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.)~~

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 27.
4. *Place of Birth, (Street and Number)* 219. W. Saratoga St
5. *Full Name of Mother,* Teresa Haeffner
6. *Mother's Maiden Name,* Teresa. Rosendale
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Peter. H. Haeffner
9. *Father's Occupation* Merchant. Tailor
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Geo W Barkman. M.D.

Address, 207. N. Liberty St

Remarks, 8 months of Birth

8970008520

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 27th 1897
4. Place of Birth, (Street and Number) 1520 N Broadway
5. Full Name of Mother, Ida May Glantz
6. Mother's Maiden Name, " " Robinson
7. Mother's Birthplace, Balto City
8. Full Name of Father, Frederick W. Glantz
9. Father's Occupation Bookkeeper
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, J Ridgway Andre M D

Address, 1123 E Balto St

Remarks,

1 8 9 7 0 0 0 8 5 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH.

88579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Dec 27th 1897.
4. *Place of Birth, (Street and Number)* 228 S. Duncan Alley.
5. *Full Name of Mother,* Annie C. Callinam
6. *Mother's Maiden Name,* Annie C. Gray.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father;* Edward Callinam
9. *Father's Occupation* Can Maker.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary E. Pregon

Address, 222 S. Paul St.

Remarks, City

8970008522

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Dec. 28th 1877.
4. *Place of Birth, (Street and Number)* #602 S. Patterson Pk. Ave
5. *Full Name of Mother,* Amelia Fisher
6. *Mother's Maiden Name,* Amelia Cook.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Henry Fisher.
9. *Father's Occupation* Labour.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor.

Address, #611 S. Patterson Pk. Ave.

Remarks,

1 8 9 7 0 0 0 8 5 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

88581

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Tuesday December 28 1897
4. Place of Birth, (Street and Number) 636 Camble St
5. Full Name of Mother, Sophia Ganz
6. Mother's Maiden Name, Sophia Wunder
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John H Ganz
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Florence B Thaw

Address, 907 S Fremont St

Remarks,

1 8 9 7 0 0 0 8 5 2 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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[illegible] sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* 3 girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 28 Dec.
4. *Place of Birth, (Street and Number)* 1129 E Eager st
5. *Full Name of Mother,* Emma Buttner
6. *Mother's Maiden Name,* = Thuff
7. *Mother's Birthplace,* Germ.
8. *Full Name of Father,* Franz Buttner
9. *Father's Occupation* Germ.
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 V. Cent. Av.

Remarks,

1 8 9 7 0 0 0 8 5 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

(236)

RETURN OF A BIRTH. 88683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 December
4. Place of Birth, (Street and Number) 1011 Gay St.
5. Full Name of Mother, Anna Thome
6. Mother's Maiden Name, = Theimann
7. Mother's Birthplace, Germ.
8. Full Name of Father, Michel Thome
9. Father's Occupation =
10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N Central Av.

Remarks,

1897000852 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 December
4. *Place of Birth, (Street and Number)* 1610 Lancaster St.
5. *Full Name of Mother,* Minnie Welzel
6. *Mother's Maiden Name,* Dorsch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Welzel
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 838 S. Bond St.

Remarks,

1 8 9 7 0 0 0 8 5 2 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

GIVEN NAME ADDED 10-30-59

RETURN OF A BIRTH.

88585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary E. Waters

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 28th of December - 1897
4. Place of Birth, (Street and Number) Baltimore 1509 Mullikin street
5. Full Name of Mother, Alberta Waters
6. Mother's Maiden Name, Alberta Ferguson
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Harry Waters
9. Father's Occupation P Labor
10. Father's Birthplace, Magnolia

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 815 north Dallas street

Remarks, Doing well

1897000 8528

Wm. J. C. Dulany Co., City Printers and Stationers.

been contracted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88586

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Mother, (state whether 1st, 2d, 3d, &c.) 1 third child

1. Sex, (whether male or female) Female,
2. Race, (if not of the white race) White
3. Date of birth, 28th of December 1897,
4. Place of birth, (Street and Number) 512 Utterbine, St.
5. Full Name of Mother, Annie Bertha Helwig,
6. Mother's Maiden Name, Annie Bertha Haberkorn.
7. Mother's Birthplace, Germany
8. Full Name of Father, Andie Helwig.
9. Father's Occupation Laboring man,
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Bischoff

Address ~~12 Utterbine Street~~, No. 731 St. Peter Str

Remarks

1 8 9 7 0 0 0 8 5 2 9

Wm. J. C. Dulany Co., Printers and Stationers.

88587

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth,* Dec 28 97
4. *Place of Birth, (Street and Number)* # 15 Valley St Waverly
5. *Full Name of Mother,* Amanda E Ross
6. *Mother's Maiden Name,* Amanda Stephens
7. *Mother's Birthplace,* Woodburg Balto County
8. *Full Name of Father,* William M Ross
9. *Father's Occupation* Varnisher
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Malka Griffin

Address, # 29 Reese St Waverly Baltimore City

Remarks, First Class

William M Ross

18970008530

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, 12/28/97

4. Place of Birth, (Street and Number) Balto. University Maternity

5. Full Name of Mother, Marie Gross

6. Mother's Maiden Name, Marie Gross

7. Mother's Birthplace, San Francisco Cal.

8. Full Name of Father, Percy Vandyne Waiter

9. Father's Occupation Waiter

10. Father's Birthplace, Cuba

Name of Medical Attendant or other person who makes this Return, F. H. Schuette M.D.

Address, Balto. University Hospital

Remarks,

8970003531

said schedule shall be delivered, duly signed by the Practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

GIVEN NAME ADDED 3-21-56

RETURN OF A BIRTH.

~~88590~~ 88589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Alverta Pierce

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 28, 1897.
4. *Place of Birth, (Street and Number)* No. 1744 N. Bond st.
5. *Full Name of Mother,* Annie D. Pierce
6. *Mother's Maiden Name,* Annie D. Schweizer
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Charles T. Pierce
9. *Father's Occupation* Grocery man
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Clewell M.D.

Address, 1741 Harford ave.

Remarks,

1 8 9 7 0 0 0 3 5 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

~~88591~~ 88590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 December
4. *Place of Birth, (Street and Number)* 605 S. Bethel St.
5. *Full Name of Mother,* Annie Jekstovič
6. *Mother's Maiden Name,* Kozdovska
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Anthony ~~Jekstovič~~ Jekstovič
9. *Father's Occupation* R Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 838 S. Bond St.

Remarks,

8970008533

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH.

~~88592~~ 88591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 Child 1897
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28 of December
4. *Place of Birth, (Street and Number)*	144 E Hughes St
5. *Full Name of Mother,*	Mary Strecker
6. *Mother's Maiden Name,*	Mary Berlau
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Fredrick S Strecker
9. *Father's Occupation*	Oyster in Spector
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Eliza Brooks
Address,	1828 Light St
Remarks,	Oring Well

8 9 7 0 0 0 8 5 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

~~88593~~
88592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 28/97
4. *Place of Birth, (Street and Number)* 1145 Cleveland st
5. *Full Name of Mother,* Mollie A. Schelhaus
6. *Mother's Maiden Name,* Mollie A. Krommer
7. *Mother's Birthplace,* Balto city
8. *Full Name of Father,* Frederick Schelhaus
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto city

Name of Medical Attendant, or other person who makes this Return, E. Michiaus M.D.

Address, 411 S. Sharp st

Remarks,

8970008535

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

~~88594~~ 88593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Twenty Eight December
4. *Place of Birth, (Street and Number)* 628 Light St. Balto MD
5. *Full Name of Mother,* Alice Fraser.
6. *Mother's Maiden Name,* Alice Shay
7. *Mother's Birthplace,* Washington D. C.
8. *Full Name of Father,* Wm E Fraser.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto M. D

Name of Medical Attendant, or other person who makes this Return, Mrs. Taylor.

Address, 41. Guilford. Alley

Remarks,

1 8 9 7 0 0 0 8 5 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

~~88595~~ 88594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Dec 28
4. Place of Birth (Street and Number), 2020 N Calvert St
5. Full Name of Mother, Emma Child Pierce
6. Mother's Maiden Name, Emma Child
7. Mother's Birthplace, Balt Md
8. Full Name of Father, ~~Farmer~~ Thomas Pierce
9. Father's Occupation, Farmer
10. Father's Birthplace, Balt Co. Md,

Name of Medical Attendant, or other person who makes this Return. Robert K Kellass

Address, 1001 W Lanvale St

Remarks,

8970008537

...ore Publishing Co., City Printers and Stationers

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH.

~~88596~~
88595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December 28 1897
4. Place of Birth, (Street and Number) 58 Union Street Baltimore
5. Full Name of Mother, Alice Stewart
6. Mother's Maiden Name, Alice B. Jackson
7. Mother's Birthplace, Providence Rhode Island
8. Full Name of Father, Ebenezer Jackson
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Mary Ann Mason

Address, No 537 [illegible] Alley Baltimore City

Remarks, None

1 8 9 7 0 0 0 8 5 3 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

~~88597~~
88596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 28th 1897
4. *Place of Birth, (Street and Number)* No. 1119 Hanover St.
5. *Full Name of Mother,* Ollie Veozie
6. *Mother's Maiden Name,* Ollie Ferguson
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Howard. Veozie
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return Maggie A. Wilkinson

Address, No. 14. W. Cross St.

Remarks,

1 8 9 7 0 0 0 8 5 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-5-59

RETURN OF A BIRTH.

~~88589~~ 88397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie H. Rukert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 28th 97
4. *Place of Birth, (Street and Number)* 601 N Fremont ave
5. *Full Name of Mother,* Katie E Rukert
6. *Mother's Maiden Name,* Katie E Menke
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo Rukert
9. *Father's Occupation* Store
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 Cross Street

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970008540

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

OTHER NAME ADDED 4-27-35 88598

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Harold Thompson Langford

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 29th 1897
4. *Place of Birth, (Street and Number)* Wm Carroll Jr.
5. *Full Name of Mother,* May M. Langford
6. *Mother's Maiden Name,* May M. Thompson
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Joseph Edgar Langford
9. *Father's Occupation* Commission Merchant
10. *Father's Birthplace,* Dorchester County Md

Name of Medical Attendant, or other person who makes this Return, William J. Pillsbury Jr.

Address, 2505 York Road

Remarks, _____

1 8 9 7 0 0 0 8 5 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 29th 1897
4. *Place of Birth, (Street and Number)* 516 Offord Ave
5. *Full Name of Mother,* Eugenia C Herde
6. *Mother's Maiden Name,* Eugenia C Fitchette
7. *Mother's Birthplace,* Norfolk Va
8. *Full Name of Father,* Frank C Herde
9. *Father's Occupation* Engraver
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, William J Pillsbury Mr

Address, 2525 York Road

Remarks,

1 8 9 7 0 0 0 8 5 4 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 29.
4. *Place of Birth, (Street and Number)* Pratt st. 1204
5. *Full Name of Mother,* Mrs Ida M. Lynton
6. *Mother's Maiden Name,* Ida Fiery St. Pirungie.
7. *Mother's Birthplace,* Hedgesville
8. *Full Name of Father,* Harry M. Lynton
9. *Father's Occupation* Grinpost.
10. *Father's Birthplace,* Marseilles France.

Name of Medical Attendant, or other person who makes this Return, Dr. Wunder.

Address, Mrs F. Jones. 1109. Woodyear st.

Remarks, 0

1897 0008543

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 29th '97
4. *Place of Birth, (Street and Number)* 8 N. Eden St.
5. *Full Name of Mother,* Minnie Goldberg
6. *Mother's Maiden Name,* Minnie Goldberg
7. *Mother's Birthplace,* Courland Rus.
8. *Full Name of Father,* Abraham Goldberg
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Pumpiam Rus.

Name of Medical Attendant, or other person who makes this Return, Yetta Klawansky

Address, 1022 E. Lombard St.

Remarks, Very much deformed: upper and lower extremities being very short, broad and flattened with very lax joints.

1 8 9 7 0 0 0 8 5 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 29, 1897.
4. Place of Birth, (Street and Number) 515 Hickory ave.
5. Full Name of Mother, Carrie May Stover.
6. Mother's Maiden Name, Schaffer.
7. Mother's Birthplace, Md.
8. Full Name of Father, Alpha Thomas Stover.
9. Father's Occupation Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

18970008545

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 29th, 1897

4. *Place of Birth, (Street and Number)* 1305 E. Lombard St.

5. *Full Name of Mother,* Fanny Ryan

6. *Mother's Maiden Name,* Fann Brann

7. *Mother's Birthplace,* Baltimore, Md.

8. *Full Name of Father,* Lawrence Ryan

9. *Father's Occupation* Stevedore

10. *Father's Birthplace,* Mount Holly N. C.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M. D.

Address, Johns Hopkins Hosp.

Remarks,

1 8 9 7 0 0 0 8 5 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Return shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Dec 29th 1897
4. *Place of Birth, (Street and Number)* 902 Abraham St.
5. *Full Name of Mother,* Ella Colbert
6. *Mother's Maiden Name,* Ella Sherwood
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Louis Colbert
9. *Father's Occupation* Marble polisher
10. *Father's Birthplace,* Washington, D.C.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks,

1897000 8547

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88605

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 Children

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 29.
4. Place of Birth, (Street and Number) 707 ensor st
5. Full Name of Mother, Laura Waters
6. Mother's Maiden Name, Laura Buchanan
7. Mother's Birthplace, Harford County
8. Full Name of Father, John W Waters
9. Father's Occupation Labor
10. Father's Birthplace, Harford County

Name of Medical Attendant, or other person who makes this Return, Mira Wright

Address, 814 ensor St.

Remarks, None

1897000 8548

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 88606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 29th 1897.
4. *Place of Birth, (Street and Number)*	1617 Argyle av
5. *Full Name of Mother,*	Mary Hallman Kenny
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Charles Hallman
9. *Father's Occupation*	Launderman
10. *Father's Birthplace,*	Columbus O
Name of Medical Attendant, or other person who makes this Return,	Wm Hawkins
Address,	509 N Saratoga St.
Remarks,	

1897000549

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 88607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8"

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 29th 97
4. *Place of Birth, (Street and Number)* 202 N. Fordinck St
5. *Full Name of Mother,* Annie Friedman
6. *Mother's Maiden Name,* " Rumanner
7. *Mother's Birthplace,* Poland Russia
8. *Full Name of Father,* Benj. Friedman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Poland Russia

Name of Medical Attendant, or other person who makes this Return, Howard C Lefevre

Address, 1427 E Fayette St

Remarks,

1 8 9 7 0 0 0 8 5 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been completed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88608

To the Office of Registrar of Vital Statistics, Board of Health,

GIVEN NAME ADDED, 4-10-64

BALTIMORE CITY.

Name: MARGARET

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, ~~&c.~~)

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (~~if not of the~~ white ~~race~~)
3. Date of Birth Dec. 29-1897
4. Place of Birth (Street and Number) 2121 Bolton St
5. Full Name of Mother Florence Hamburger
6. Mother's Maiden Name Florence Mann
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Leon Hamburger
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Thos. F. Latimer M.D.

Address 211 W. Monument

Remarks No anaesthetic. No trouble.

18970008551

[illegible] within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

236.]

RETURN OF A BIRTH. 55609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 29 1897
4. *Place of Birth, (Street and Number)* 243 S Dallas St.
5. *Full Name of Mother,* Kate Guenther
6. *Mother's Maiden Name,* Hess
7. *Mother's Birthplace,* New Orleans La
8. *Full Name of Father,* Fredrick Guenther
9. *Father's Occupation* Carpet Weaver
10. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E Pratt St

Remarks,

1897 U 000552

Wm. J. C. Dulany Co,. City Printers and Stationers.

236.]

RETURN OF A BIRTH.

88610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Florence Feuchter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* ~~Male~~ Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 29 — 1897
4. *Place of Birth, (Street and Number)* 407 S. Caroline St.
5. *Full Name of Mother,* Mary Feuchter
6. *Mother's Maiden Name,* Werner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Feuchter
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 9 7 0 0 0 8 5 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-6-59 88611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Reitta Matilda Hoffmeyer 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 29th 97
4. Place of Birth, (Street and Number) 1541 Clifton St
5. Full Name of Mother, Kate Hoffmeyer
6. Mother's Maiden Name, " Roman
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, Geo Hoffmeyer
9. Father's Occupation Barber
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return G. S. Frey M.D.

Address, 2470 Druid Hill Ave

Remarks,

1897000 8554

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88612

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 29th
4. Place of Birth, (Street and Number) 736 Pierce St
5. Full Name of Mother, Mamie A. Cramblitt
6. Mother's Maiden Name, Mamie A Knickman
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William G. Cramblitt
9. Father's Occupation Driver
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 No Appleton St

Remarks,

1897000 8555

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH.

88613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec. 29 1897

4. Place of Birth, (Street and Number) 183. Exeter St

5. Full Name of Mother, Anny Goldstein

6. Mother's Maiden Name, Grant

7. Mother's Birthplace, Russia Korne State

8. Full Name of Father, Ike Goldstein

9. Father's Occupation Carpenter

10. Father's Birthplace, Russia Korne State

Name of Medical Attendant, or other person who makes this Return, H. Hindy M.D.

Address, 143. N. Grant St.

Remarks, 7 months Period of Utero-Gestation

1897 0008556

Wm. J. C. Dulany Co., City Printers and Stationers.

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88614

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, Dec 29/97
4. Place of Birth, (Street and Number) No 620 Port Str
5. Full Name of Mother, Lizzie Dreshler
6. Mother's Maiden Name, Dreshler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm A. Biedenbach
9. Father's Occupation Potter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, 1907 E Monument Str

Remarks,

1897 0008557

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) four

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 30th December
4. *Place of Birth, (Street and Number)* 815 north Dallas Street
5. *Full Name of Mother,* ida Travers
6. *Mother's Maiden Name,* ida Seere
7. *Mother's Birthplace,* Veaneyaney Dorchester Co
8. *Full Name of Father,* William Winder Travers
9. *Father's Occupation* Occupation Leaber
10. *Father's Birthplace,* Golden Hill Dorchester Co

Name of Medical Attendant, or other person who makes this Return, Caroline Patten

Address, 815 north Dallas Street

Remarks, Doing well

1 8 9 7 0 0 0 8 5 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

88616

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 December 1897
4. Place of Birth, (Street and Number) 414 Register St
5. Full Name of Mother, Anne Siedlecka
6. Mother's Maiden Name, A Stymska
7. Mother's Birthplace, Germany
8. Full Name of Father, Jeo Siedlecki
9. Father's Occupation Kiebinelmekien
10. Father's Birthplace, Austrylie

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 921 Ann St

Remarks, Baltimore

1 8 9 7 0 0 0 8 5 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

88617

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wht
3. *Date of Birth,* Dec 30 1897
4. *Place of Birth, (Street and Number)* Johns Hopkins Hospital
5. *Full Name of Mother,* Dora Spencer
6. *Mother's Maiden Name,* Dora Spencer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Korb
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Doblin M.D.

Address, The Johns Hopkins Hospital

Remarks,

1897000 0560

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88618

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 30 - 1897
4. *Place of Birth, (Street and Number)* 417 Courtland St.
5. *Full Name of Mother,* Sarah E. Wickham
6. *Mother's Maiden Name,* Sarah E Campbell
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* William E Wickham
9. *Father's Occupation* Chemist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, John Bruce M.D.

Address, 218 W. Madison St.

Remarks,

1897 0008561

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK D SAFETY

RETURN OF A BIRTH. 55619

GIVEN NAME ADDED, 7-20-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Name: James Burton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6- Child

1. Sex, (state whether male or female) Male Child
2. Race or Color, (if not of the white race) Colored Race
3. Date of Birth, December the 30. 1897
4. Place of Birth, (Street and Number) 819 Sutton Terrace
5. Full Name of Mother, Barbara Barnette
6. Mother's Maiden Name, Barbara Bland
7. Mother's Birthplace, Warrenton Virginia
8. Full Name of Father, Joshua James Eldridge Barnette
9. Father's Occupation Catering Work
10. Father's Birthplace, Calvert County Maryland

Name of Medical Attendant, or other person who makes this Return, none Jane Warren

Address,

Remarks, none

8970003562

Wm. J. C. Dulany Co., City Printers and Stationers

236.]

RETURN OF A BIRTH. 88620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Decemb. 30, 1897
4. *Place of Birth, (Street and Number)* 7. S. High St
5. *Full Name of Mother,* Dora Fox
6. *Mother's Maiden Name,* — Krawiec
7. *Mother's Birthplace,* Russia Kovne State
8. *Full Name of Father,* Luis Fox
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia Kovne State

Name of Medical Attendant, or other person who makes this Return, H. Flinder M.D.

Address, 143. N. Front St

Remarks,

1 8 9 7 0 0 0 8 5 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] been conducted, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88621

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 30 of Dec 1897
4. Place of Birth, (Street and Number) 1503 East Federal St
5. Full Name of Mother, Kate B Schaffer
6. Mother's Maiden Name, Kate Breck
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John C. Schaffer
9. Father's Occupation, Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ch. Lauer

Address, No 1059 Harford Ave

Remarks, Bal. Md

1897 00 08 564

Wm J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88629723

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male & female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec. 30th 1897
4. Place of Birth, (Street and Number) 908 Comet st.
5. Full Name of Mother, Lena Benjamin
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Abram Benjamin
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1897 00089565

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-17-56

88624

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ellen Pridham

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 30th 1897
4. Place of Birth, (Street and Number) 2208 E. Chase
5. Full Name of Mother, Louisa Pridham
6. Mother's Maiden Name, Theiss
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm H. Pridham
9. Father's Occupation Laundryman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. B. Schwatka, M. D.

Address, 1003 N. Broadway

Remarks,

1897 0008566

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 30th, 1897.
4. *Place of Birth, (Street and Number)* 1607 W. Franklin St.
5. *Full Name of Mother,* Mollie Hahn
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* City
8. *Full Name of Father,*
9. *Father's Occupation* Chas. Hahn
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, C. McCook M.D.

Address, 1652 Myrtle av.

Remarks,

1897000 8567

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6.]

RETURN OF A BIRTH. 88626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Dec 30th 1897.
4. *Place of Birth, (Street and Number)* 404 S. Ducan Ally
5. *Full Name of Mother,* Hillea, M. Posey.
6. *Mother's Maiden Name,* Hillea, M. Herman.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Edward Posey
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* St Mary's County

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary E. Pregoy

Address, 2225 Bank St.

Remarks, City

1 8 9 7 0 0 0 8 5 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH.

88627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Name: Ruth Foster Sipple Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 30, 97
4. Place of Birth, (Street and Number) 541 Bloome st
5. Full Name of Mother, Martha ~~Akehurst~~ (Seiple) Sipple
6. Mother's Maiden Name, " Akehurst
7. Mother's Birthplace, ~~Balto~~. Don't Know
8. Full Name of Father, Robert (Seipple) Sipple
9. Father's Occupation Engineer
10. Father's Birthplace, Dont Know

Name of Medical Attendant, or other person who makes this Return, Charles H Bubert

Address, 1928 Penna Ave.

Remarks,

1 8 9 7 0 0 0 8 5 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88628

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white race
3. Date of Birth, December 30th 1897
4. Place of Birth, (Street and Number) 6. Becks lane
5. Full Name of Mother, Anna Maria Rupp
6. Mother's Maiden Name, Anna Maria Burggraf
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Rudolf, Henry Rupp
9. Father's Occupation Messenger B & O. E. Co
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Ph. Heldrich M.D.

Address, 2151 Wilkens Ave.

Remarks, Labor normal. Left O. T. anterior position

1897 0008570

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 88629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 29 1897
4. *Place of Birth, (Street and Number)* 821 E. Pratt St
5. *Full Name of Mother,* Hetta Gordman
6. *Mother's Maiden Name,* " Weiner
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Simon Gordman
9. *Father's Occupation* Stone Keeper.
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman.

Address, 42. Albemarle St

Remarks,

8 7 0 0 0 3 5 7 1

said schedule shall be delivered, duly signed by the practitioner in ... parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

88630

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 818 Harford ave.
4. *Place of Birth, (Street and Number)* Dec. 30th, 1897
5. *Full Name of Mother,* Bridget Patterson White,
6. *Mother's Maiden Name,* Bridget Patterson,
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* John White
9. *Father's Occupation* Foreman at Electric Co.
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.,

Address, S. W. Cor. Calvert & Preston Sts

Remarks,

1 8 9 7 0 0 0 8 5 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[286.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec ~~30~~ 31st 97
4. *Place of Birth, (Street and Number)*	2428 Francis st
5. *Full Name of Mother,*	Annie C. ~~Fenton~~ Knabe
6. *Mother's Maiden Name,*	" Nerney
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Arthur B. Knabe
9. *Father's Occupation*	Stone Cutter.
10. *Father's Birthplace,*	Balto —
Name of Medical Attendant, or other person who makes this Return,	Charles A Bubert
Address,	1928 Penna Ave
Remarks,	

1 8 9 7 U 0 0 8 5 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

88632

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 31 st 1897
4. Place of Birth, (Street and Number) # 2066 Hudson St
5. Full Name of Mother, Stanislawa Marecka.
6. Mother's Maiden Name, Stanislawa Kaczmarska.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Peter Marecki.
9. Father's Occupation Bricklayer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, # 1710 Alice Anna St

Remarks, None

8970008574

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.j

RETURN OF A BIRTH. 88633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31st December 1897
4. Place of Birth, (Street and Number) 635 Knox St
5. Full Name of Mother, Katharine Kirschner
6. Mother's Maiden Name, Katharine Kaufman
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Albert Kirschner
9. Father's Occupation Teamster
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Butler

Address, c/o 1141 Ridgely St

Remarks, Child living

1897 00 08575

Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236]

RETURN OF A BIRTH. 88634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 31 Dec.
4. *Place of Birth, (Street and Number)* 13 Washington Ave Homewood
5. *Full Name of Mother,* Marie Grossmann
6. *Mother's Maiden Name,* Fehrmann
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Jacob Grossmann
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N Carl Av.

Remarks,

8 4 7 0 0 0 8 5 7 6

said schedule shall be delivered, duly signed by the Practitioner in the case and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8865

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, December 31st 1897
4. Place of Birth, (Street and Number) 1413 N Bond St
5. Full Name of Mother, Maggie A McKnight
6. Mother's Maiden Name, " " Panetti
7. Mother's Birthplace, City
8. Full Name of Father, James D McKnight
9. Father's Occupation Manfg of Roofing
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, R G Davis, M.D.

Address, 1507 N Caroline St.

Remarks,

8970008577

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88636

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) W

3. Date of Birth, Dec 31 '97

4. Place of Birth, (Street and Number) 1714 N. Regester St

5. Full Name of Mother, Alice M. Hays

6. Mother's Maiden Name, " " Kiff

7. Mother's Birthplace, Mass.

8. Full Name of Father, Alfred W Hays

9. Father's Occupation Copper Etcher

10. Father's Birthplace, Halifax, N.S.

Name of Medical Attendant, or other person who makes this Return. Wm J. Watson

Address, 1601 N. Broadway

Remarks,

1 8 9 7 0 0 0 8 5 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-3-57 88687

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Brereton Parsons

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 31st 1897
4. Place of Birth, (Street and Number) 1102 E. Preston St.
5. Full Name of Mother, Annie L. A. Parsons
6. Mother's Maiden Name, Annie L. A. Buttner
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, Harry B. Parsons
9. Father's Occupation, Letter Carrier
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, A. G. Walton

Address, 1301 N. Central Ave

Remarks, 18970008579

Wm. J. C. Dulany Co., City Printers and Stationers.

38.]

RETURN OF A BIRTH. 88638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 31st. 1897.
4. *Place of Birth, (Street and Number)* 2315 Canton Ave. Balto.
5. *Full Name of Mother,* Emma Bitzelbach
6. *Mother's Maiden Name,* Emma Bryner.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Bitzelbach
9. *Father's Occupation* Barber.
10. *Father's Birthplace,* ~~Balto.~~ Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor.

Address, 611 S. Patterson Pk. Ave.

Remarks,

1897000085 80

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* December 31-1897
4. *Place of Birth, (Street and Number)* 532 Preston St.
5. *Full Name of Mother,* Christiana Clark
6. *Mother's Maiden Name,* Christiana Bennett
7. *Mother's Birthplace,* Somerset Co Md
8. *Full Name of Father,* Percy P. Clark
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park Ave

Remarks,

1897000 8581

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 88620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 31st 1897.
4. *Place of Birth, (Street and Number)*	619 Sewell st
5. *Full Name of Mother,*	Bessie Stafford
6. *Mother's Maiden Name,*	Engle.
7. *Mother's Birthplace,*	Toledo Ohio
8. *Full Name of Father,*	Warren Stafford
9. *Father's Occupation*	Cigar Maker
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	Wm T Hawkins
Address,	609 W Saratoga st
Remarks,	

1897000 0582

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6.]

ation of its parents, the date and place of birth; and the
ctitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 31. December.
4. *Place of Birth, (Street and Number)* N. 406. Inn. Street.
5. *Full Name of Mother,* Clara Sommer.
6. *Mother's Maiden Name,* Clara Hadges.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Lous Sommer.
9. *Father's Occupation* Wagentreiber.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Kloss.

Address, N. 9. North. Wolfe. St.

Remarks,

+ 8970008583

Wm. J. C. Dulany Co,. City Printers and Stationers.

practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or prac
or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be r

RETURN OF A BIRTH. 88642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Bl
3. *Date of Birth,* 12-31-97
4. *Place of Birth, (Street and Number)* S/S- Peach alley
5. *Full Name of Mother,* Ella Norma f
6. *Mother's Maiden Name,* Moore
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Charles L Norma
9. *Father's Occupation* Teamster f
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, D Long

Address, 115 W Fountain

Remarks,

1897 U 008584

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 to

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 31st 1897
4. *Place of Birth, (Street and Number)* 515 S Regester St
5. *Full Name of Mother,* Margaretha E. Hornberger
6. *Mother's Maiden Name,* Margaretha E. Janssen
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* George Hornberger
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern ave Balto Md

Remarks,

8970008585

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

886244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec. 31 — 97
4. *Place of Birth, (Street and Number)* 109 Clement St Balt.
5. *Full Name of Mother,* Theresa Caperoon
6. *Mother's Maiden Name,* " Thomas
7. *Mother's Birthplace,* Balt., Md
8. *Full Name of Father,* John B Caperoon
9. *Father's Occupation* Marien Engineer
10. *Father's Birthplace,* Delaware

Name of Medical Attendant, or other person who makes this Return, Wm Bunge

Address, 74 Crow Street

Remarks,

1 8 9 7 0 0 0 8 5 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88646

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 31
4. *Place of Birth, (Street and Number)*	614 West Cross St
5. *Full Name of Mother,*	Louisa Bertha Nagel
6. *Mother's Maiden Name,*	" " " Gruenninger
7. *Mother's Birthplace,*	Balti Md
8. *Full Name of Father,*	Albert Nagel
9. *Father's Occupation*	Showcase Glazier
10. *Father's Birthplace,*	Balti Md
Name of Medical Attendant, or other person who makes this Return,	[illegible]
Address,	614 West Cross St
Remarks,	

8970008587

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 88616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31 December 1897.
4. Place of Birth, (Street and Number) 51 E Heath St.
5. Full Name of Mother, Henrietta L. Hamilton
6. Mother's Maiden Name, " " Cochran.
7. Mother's Birthplace, Talbot Co. Md.
8. Full Name of Father, Harry S. Hamilton
9. Father's Occupation B. O. Fireman.
10. Father's Birthplace, Kent Co. Delaware

Name of Medical Attendant, or other person who makes this Return, Eliza Brake

Address, No 1828 Light St.

Remarks, Doing Well.

8 9 7 0 0 0 8 5 8 8

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236

of its parents, the date and place of birth; and the
her in the form of a certificate between the first and
missioner of Health. In case the birth of any child
ner of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
vered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 December 1897
4. *Place of Birth, (Street and Number)* 1113 William St.
5. *Full Name of Mother,* Elizabeth Cochran
6. *Mother's Maiden Name,* Thoman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Cochran
9. *Father's Occupation* Clark
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Eliza Brooks

Address, S 1828 Light St.

Remarks, Doing Well

8 9 7 0 0 0 8 5 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. $8619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 31/97
4. Place of Birth, (Street and Number) 107 S. Chappel St.
5. Full Name of Mother, Maggie Schmidt
6. Mother's Maiden Name, " Zinbauer
7. Mother's Birthplace, Germany
8. Full Name of Father, John Schmidt
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1897 U 0086590

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-3-58

88649

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Irene Frankton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 31st 1897
4. *Place of Birth, (Street and Number)* 650 Portland Street Baltimore
5. *Full Name of Mother,* Ida Frankton
6. *Mother's Maiden Name,* Tucker
7. *Mother's Birthplace,* Howard Co
8. *Full Name of Father,* John Frankton
9. *Father's Occupation* Wood Worker
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 74 Cross Street

Remarks,

1897000 8591

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 31/97
4. Place of Birth, (Street and Number) 229 N. Collington Ave.
5. Full Name of Mother, Maggie Talbett
6. Mother's Maiden Name, Goetz
7. Mother's Birthplace, Balto.
8. Full Name of Father, Chas. M. Talbett
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 U 0 0 8 5 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

3.]

RETURN OF A BIRTH.

886 07

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31st Dec 1897
4. Place of Birth, (Street and Number) 1612 Durham st
5. Full Name of Mother, Francis Eder
6. Mother's Maiden Name, Fran - Dech
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew Eder
9. Father's Occupation Brom Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1610 N. Wolfe st

Remarks,

1 8 9 7 0 0 0 8 5 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occupation of its parents, the date and place of birth; and the [illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 8864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 31 Dec 1897
4. *Place of Birth, (Street and Number)* 1210 E Madison St
5. *Full Name of Mother,* Annie Datterweich
6. *Mother's Maiden Name,* Balto.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Tony Mierman
9. *Father's Occupation* Brakesman
10. *Father's Birthplace,* Balto. Co.

Name of Medical Attendant, or other person who makes this Return, Mrs R Ullry

Address, 1302 E Lexington St

Remarks,

1 8 9 7 0 0 0 8 5 9 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8863

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 31st 1877

4. Place of Birth, (Street and Number) 1800 . Hanover . St

5. Full Name of Mother, Louise . Kramme

6. Mother's Maiden Name, Louise . Engle

7. Mother's Birthplace, Washington Dc

8. Full Name of Father, John . A. Kramme

9. Father's Occupation Barber

10. Father's Birthplace, Baltimore . Md

Name of Medical Attendant, or other person who makes this Return. Ellamore A. Anderson

Address, 1434 Patapsco . St

Remarks,

8970008595

Wm. J. C. Dulany Co., City Printers and Stationers.

the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Dec. 1st, 1897
4. Place of Birth, (Street and Number) 802 Ensor St. N.
5. Full Name of Mother, Matilda Bedford
6. Mother's Maiden Name, Matilda Cole
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Edward Bedford
9. Father's Occupation Hod-carrier
10. Father's Birthplace, Eastern Shore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore, Md.

Infant is one of a pair of twins

8 9 7 0 0 0 8 5 9 6

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Dec. 1st, 1897
4. Place of Birth, (Street and Number) 802 Ensor St. N
5. Full Name of Mother, Matilda Bedford
6. Mother's Maiden Name, Matilda Cole
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Edward Bedford
9. Father's Occupation Hod-carrier
10. Father's Birthplace, Eastern shore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Baltimore, Md.

Remarks, Infant is one of a pair of twins.

8 9 7 0 0 0 8 5 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2te

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st of December 91.
4. Place of Birth, (Street and Number) 22. Frederick Road
5. Full Name of Mother, Margaretha Wolf
6. Mother's Maiden Name, Margaretha Roth.
7. Mother's Birthplace, Germany
8. Full Name of Father, Friedrich Wolf.
9. Father's Occupation Bäcker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler. Midwife

Address, 216 N. Pratt St

Remarks,

1897 00083598

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236

88657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec - 1st - 97.
4. Place of Birth, (Street and Number) 1314 Penn ave.
5. Full Name of Mother, Mrs Rothstein
6. Mother's Maiden Name, Unknown
7. Mother's Birthplace, Germany
8. Full Name of Father, Mr Rothstein
9. Father's Occupation Shoe business
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. C. Rumpkin

Address, 801 N Fayette St

Remarks,

8970008599

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 1/97
4. *Place of Birth, (Street and Number)* 2818 Penna Av
5. *Full Name of Mother,* Mamie Ruppertsberger
6. *Mother's Maiden Name,* Mamie Doberer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo Ruppertsberger.
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison Av

Remarks,

1 8 9 7 0 0 0 8 6 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. Sex, (state whether male or ~~female~~) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 1st 1897
4. Place of Birth, (Street and Number) # 1736 Alice Anna St
5. Full Name of Mother, Poline Wosewicz.
6. Mother's Maiden Name, Poline Safenska.
7. Mother's Birthplace, Germany
8. Full Name of Father, Ignac Wosewidz.
9. Father's Occupation Shoemaker.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Prochmal.

Address, # 1710 Alice Anna St

Remarks, None

1897 00088601

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 2/97
4. Place of Birth, (Street and Number) 44 N. Carolina Av.
5. Full Name of Mother, Julia Menig
6. Mother's Maiden Name, " Schreiner
7. Mother's Birthplace, Balto.
8. Full Name of Father, Chas. Menig
9. Father's Occupation Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bisenhofer.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

1897 0008602

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be registered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 2, 1897.
4. Place of Birth, (Street and Number) 725 Pulteri ave.
5. Full Name of Mother, Nellie White.
6. Mother's Maiden Name, Agner.
7. Mother's Birthplace, Md.
8. Full Name of Father, Horace E. White.
9. Father's Occupation Cotton Mill operative.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Pritchett M.D.

Address, 291 Chestnut ave.

Remarks,

1897 00088603

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dezember 2. 97.
4. Place of Birth, (Street and Number) 956 Hollins Street
5. Full Name of Mother, Amalia Frost
6. Mother's Maiden Name, Amalia Diehl
7. Mother's Birthplace, Schwalbach, Hessen Germany
8. Full Name of Father, Edward R. Frost
9. Father's Occupation Taylor
10. Father's Birthplace, Bendhan Prussen Germany

Name of Medical Attendant, or other person who makes this Return, Wm. Bange

Address, 111 Cross Street

Remarks,

1897U008604

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88663

RETURN OF A BIRTH.

Over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Name: Friedrich Wilhelm Koerber Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 Dec 1897
4. Place of Birth, (Street and Number) 1441 Denny St
5. Full Name of Mother, Connie Koerber
6. Mother's Maiden Name, " Wiegand
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Fred Koerber
9. Father's Occupation Cook
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 650 E Fort Ave

Remarks,

8970003605

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec. 2nd 97
4. Place of Birth, (Street and Number) 1000 Brevard St.
5. Full Name of Mother, Kitty Smith
6. Mother's Maiden Name, Harriet Bell
7. Mother's Birthplace, Carrol Co. Maryland
8. Full Name of Father, Johnson H. Smith
9. Father's Occupation Day work
10. Father's Birthplace, Carrol Co. Maryland

Name of Medical Attendant, or other person who makes this Return, Wm. L. Fidt

Address, Md. Gen'l Hosp.

Remarks,

1897 0 0 0 8 6 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH.

88665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 December 1897
4. *Place of Birth, (Street and Number)* 312 Sycamore ave Woodbury City
5. *Full Name of Mother,* Mrs Sallie L Briscoe
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Stafford Co Va
8. *Full Name of Father,* Mr William B Briscoe
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Washington D C

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E King 545 Thickory ave city

Remarks,

1 8 9 7 0 0 0 8 6 0 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
ner of midwifery, or should no other person be in
l become the duty of the person or parents of such
e manner and within the period above required, and
y with the provisions of this section shall be sub-
overed as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Black.
3. *Date of Birth,* Dec. 2/97
4. *Place of Birth, (Street and Number)* 2324 N. Arlington Ave
5. *Full Name of Mother,* Mrs. Jane Lee
6. *Mother's Maiden Name,* Jane Jones
7. *Mother's Birthplace,* Ga.
8. *Full Name of Father,* Cyrus Lee
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ga.

Name of Medical Attendant, or other person who shall make this return, Morris B. Robins M.D

Address, 1324 N. Arlington Ave

Remarks,

1897 00038608

Wm. J. C. Dulany Co., City Printers and Stationers

236]

RETURN OF A BIRTH. 88667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec. 2, 1897.
4. *Place of Birth, (Street and Number)* Dundalk Md.
5. *Full Name of Mother,* Emeline P. Mc Shane
6. *Mother's Maiden Name,* Emeline Price
7. *Mother's Birthplace,* Cockeysville Md.
8. *Full Name of Father,* William Mc Shane
9. *Father's Occupation* Foundry
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Howard A. Kelly

Address, 1406 Eutaw Place

Remarks,

8 9 7 0 0 0 8 6 0 9

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

836.]

RETURN OF A BIRTH. 88668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (5th)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 2, 1897
4. *Place of Birth, (Street and Number)* 1004 E. Lombard St
5. *Full Name of Mother,* Sara Berkowitz
6. *Mother's Maiden Name,* Richmond
7. *Mother's Birthplace,* Russia Cherinigove State
8. *Full Name of Father,* Benj Berkowitz
9. *Father's Occupation* Clothing Business
10. *Father's Birthplace,* Russia Kome State

Name of Medical Attendant, or other person who makes this Return, H. Elinde M.D.

Address, 143 N. Front St

Remarks,

184700088610

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A [illegible]RTH.

88669

To the Office of Registrar of Vital Statistics, Board Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 2, 1897
4. *Place of Birth, (Street and Number)* 217 Rogers av.
5. *Full Name of Mother,* Dora Berman
6. *Mother's Maiden Name,* Brover
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* John Berman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, H. Flinder M.D.

Address, 143 N. Front St.

Remarks,

1 8 9 7 0 0 0 8 6 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wht.
3. *Date of Birth,* Dec. 2/97
4. *Place of Birth, (Street and Number)* 2441 Eutaw St.
5. *Full Name of Mother,* Mrs Francis A Kelly
6. *Mother's Maiden Name,* Mary Fraker
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Francis O. Kelly
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2531 Penna. Ave.

Remarks,

1897000861 2

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88671

RETURN OF A BIRTH.

GIVEN NAME ADDED 1/25/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: HERBERT MASON JONES 4th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 2/97
4. Place of Birth, (Street and Number) 421 Laurens St.
5. Full Name of Mother, Harriet Jones
6. Mother's Maiden Name, Harriet Steele
7. Mother's Birthplace, Ohio
8. Full Name of Father, Ed. R. Jones
9. Father's Occupation Ticket Agt. BoORR
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A.C. Pole

Address, 2038 Madison Av

Remarks,

1897000 8613

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 We
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3th of December 92.
4. *Place of Birth, (Street and Number)*	15 Hinson St
5. *Full Name of Mother,*	Pauline Rost
6. *Mother's Maiden Name,*	Pauline Pfeiber
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Rost
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Friederike Beutler Midwife
Address,	2116 N Pratt St
Remarks,	

1897 U 008614

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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Each Committed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 3rd.
4. *Place of Birth, (Street and Number)* 505 S. Bethel St.
5. *Full Name of Mother,* Mary Lenc
6. *Mother's Maiden Name,* Maza
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Martin Lenc
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prell

Address, 838 S. Bond St.

Remarks,

1 8 9 7 0 0 0 8 6 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 3 1897
4. Place of Birth, (Street and Number) No 647 Lee St
5. Full Name of Mother, Annie Maggie Hopkins
6. Mother's Maiden Name, Annie Maggie Auger
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Thomas Hopkins
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs B. Auger

Address, No. 6 Cross St.

Remarks, ...

8970003616

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Sd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 rd December
4. *Place of Birth, (Street and Number)* Baltimore 6 13 Southpaca st
5. *Full Name of Mother,* Mrs Mamie A ~~[illegible]~~ James
6. *Mother's Maiden Name,* Mamie Okrien
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,* T L James
9. *Father's Occupation* Brick a layer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Range.

Address, 111 Cross St.

Remarks,

8 9 7 0 0 0 8 6 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be provided, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

88676

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Annie ~~Cecilia~~ Carlin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 3, 1897.
4. Place of Birth, (Street and Number) 728 Church St.
5. Full Name of Mother, Alice Carlin.
6. Mother's Maiden Name, Burkins.
7. Mother's Birthplace, Md.
8. Full Name of Father, Frank S. Carlin.
9. Father's Occupation Iron Moulder.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut av.

Remarks,

8970008618

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth Child.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 3th 1897.
4. Place of Birth, (Street and Number) Baltimore Md # 54 Carrollington Ave
5. Full Name of Mother, Minnie D Forsythe
6. Mother's Maiden Name, Ackerman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George A Forsythe
9. Father's Occupation Paper Hanger
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Kraning

Address, #414 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well.

8 9 7 0 0 0 8 6 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88678

RETURN OF A BIRTH.

GIVEN NAME ADDED. 9-27-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: James McCoy Hopkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~1307 E. Lexington St~~ Dec 3rd, 1897
4. Place of Birth, (Street and Number) 1307 E. Lexington St.
5. Full Name of Mother, Emma H. Hopkins
6. Mother's Maiden Name, Emma H. Elgert
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Gustavus F. Hopkins
9. Father's Occupation Motorman
10. Father's Birthplace, Baltimore County, Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M. D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

1897 0008620

Wm. J. C. Dulany Co., City Printers and Stationers.

This certificate signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88679

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Dec. 3rd, 1897
4. Place of Birth, (Street and Number) 431 N. Durham St.
5. Full Name of Mother, Mary Brown
6. Mother's Maiden Name, Mary Hill
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Benjamin Brown
9. Father's Occupation ~~B~~ Laborer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M. D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore, Md.

1897000862 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88680

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) $1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 3 December 1897
4. *Place of Birth, (Street and Number)* 2066 Hudson St.
5. *Full Name of Mother,* Helen Sulikowska
6. *Mother's Maiden Name,* H Hojnacka
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Sulikowski
9. *Father's Occupation* Tabacco
10. *Father's Birthplace,* Austrylic

Name of Medical Attendant, or other person who makes this Return, Mary Begies

Address, 921 Ann St

Remarks, Baltimore

84700008622

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 86681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 3rd 1897
4. Place of Birth, (Street and Number) # 810 Streeper St
5. Full Name of Mother, Stanislawa Wisniewska.
6. Mother's Maiden Name, Stanislawa Janowska.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Marcijan Wisniewski.
9. Father's Occupation Laborer
10. Father's Birthplace, Rossia Poland

Name of Medical Attendant, or other person who makes this Return, Susie Grochmal.

Address, # 1710 Alice Anna St

Remarks, None

1897 000 8623

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 4. (6.50 P.M.) 1897
4. *Place of Birth, (Street and Number)* 808 Addison Street.
5. *Full Name of Mother,* Mary, Annie Menickheim,
6. *Mother's Maiden Name,* Rhine
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Ernest Henry Menickheim
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Washington D. C.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kanne (for the

Address, Mothers Relief Society, 1412 Gutaw Place

Remarks,

1 8 9 7 0 0 0 8 6 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 4th Dec 97
4. Place of Birth, (Street and Number) 101 Roselyn St
5. Full Name of Mother, Connie Lillye
6. Mother's Maiden Name, " Stratt
7. Mother's Birthplace, Balto
8. Full Name of Father, John Lillye
9. Father's Occupation Glass Blower
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm E Yewell

Address, 650 E Fort Ave

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1 8 9 7 0 0 0 8 6 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

88684

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 December 1897
4. Place of Birth, (Street and Number) 612 Ann St
5. Full Name of Mother, Rose Szymaszek
6. Mother's Maiden Name, Dobosz
7. Mother's Birthplace, Germany
8. Full Name of Father, Jos Szymaszek
9. Father's Occupation Teller
10. Father's Birthplace, Austrylie

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 S. Ann St Baltimore

Remarks,

8 7 7 U 0 0 8 6 2 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH.

88685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) feame

2. Race or Color, (if not of the white race) White

3. Date of Birth, december 4 18 97

4. Place of Birth, (Street and Number) 210 Thickory ave city

5. Full Name of Mother, Laura V Simonds

6. Mother's Maiden Name, Robinsian

7. Mother's Birthplace, Howard County

8. Full Name of Father, Richard H Simonds

9. Father's Occupation Labor

10. Father's Birthplace, ~~[illegible]~~ Howard Co

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Martha E King 545 Thickory ave city

8970008627

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 88686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, december 4 1897
4. Place of Birth, (Street and Number) 411 Falls road city
5. Full Name of Mother, Lydia A. V. roberts
6. Mother's Maiden Name, Sterner
7. Mother's Birthplace, Carroll County
8. Full Name of Father, John S. Sterner
9. Father's Occupation Labour
10. Father's Birthplace, Carroll County

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E. King 575 Thickenjack city

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1897000 8628

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 4 1897
4. *Place of Birth, (Street and Number)* 311 E Fait Ave.
5. *Full Name of Mother,* Kate Moore
6. *Mother's Maiden Name,* Kate Staal
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Moore
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary J Lyaune

Address, 824 Canton Pl.

Remarks,

1897 U 0008629

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 4 1897
4. *Place of Birth, (Street and Number)* 2501 Fait Ave.
5. *Full Name of Mother,* Annie Beeman
6. *Mother's Maiden Name,* Annie Biegle
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Beeman
9. *Father's Occupation* Capther
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton St.

Remarks,

18970008630

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 4/1897
4. Place of Birth, (Street and Number) 810 N. Stricker St
5. Full Name of Mother, Melvina S. Hoofnagle
6. Mother's Maiden Name, Melvina Strager
7. Mother's Birthplace, W. Virginia
8. Full Name of Father, William T. Hoofnagle
9. Father's Occupation Draughtman
10. Father's Birthplace, ~~Baltimore City~~ Mt Savage Md

Name of Medical Attendant, or other person who makes this Return Edmund Gives M.D.

Address, 216 Eastern Ave

Remarks,

8 9 7 0 0 0 8 6 3 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6.]

RETURN OF A BIRTH. 88690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 4 98
4. *Place of Birth, (Street and Number)* 15 Bradford St
5. *Full Name of Mother,* Johanna Bradly
6. *Mother's Maiden Name,* — — Fogel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Richard Bradly
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Mary A Partner

Remarks,

1 8 9 7 0 0 0 8 6 3 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 4th 1897
4. *Place of Birth, (Street and Number)* 814 Ashland Ave
5. *Full Name of Mother,* Georgie Russell
6. *Mother's Maiden Name,* Georgie Cullison
7. *Mother's Birthplace,* Hampden Md.
8. *Full Name of Father,* Jno. T. Russell
9. *Father's Occupation* Labourer
10. *Father's Birthplace,* Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, J. M. Fenton M.D.

Address, 925 E Eager St

Remarks,

1897 0009633

Wm. J. C. Dulany Co., City Printers and Stationers.

of the Commissioner of Health. In case the birth of any child
n or practioner of midwifery, or should no other person be in
fter it shall become the duty of the person or parents of such
ealth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
e, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be

88692

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 4/97
4. Place of Birth, (Street and Number) 2208 Callow Ave
5. Full Name of Mother, Etta Strouse Whitehill
6. Mother's Maiden Name, Etta Strouse
7. Mother's Birthplace, Kansas City Mo
8. Full Name of Father, Nathan Whitehill
9. Father's Occupation, Clothing Manufacturer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. J. Whitridge Williams

Address, 1124 Cathedral St.

Remarks,

1 8 9 7 0 0 0 0 6 3 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1236.]

98698

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 2nd 1897

4. *Place of Birth, (Street and Number)* 1757 N. Preston St.

5. *Full Name of Mother,* Mary E. Apsl

6. *Mother's Maiden Name,* V Kane

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* John Apsle

9. *Father's Occupation* Clothing Cutter

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, J H Selfridge M D

Address, 1611 E. Eager St

Remarks,

1897000 8635

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH.

88694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 5th 1897
4. *Place of Birth, (Street and Number)* 1425 Ashland Ave
5. *Full Name of Mother,* Wilhelmina Helbinger
6. *Mother's Maiden Name,* Vogeleang
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Helbinger
9. *Father's Occupation* Saloon
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, S. W. Seldner M. D.

Address, 1501 E. Eager St.

Remarks,

8 9 7 0 0 0 8 6 3 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH.

88698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 M.

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 1518 Clarkson Street ×

4. *Place of Birth, (Street and Number)* Dec. 5. 12.35 A. M.

5. *Full Name of Mother,* Mary Undutch,

6. *Mother's Maiden Name,* Acker

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* Joseph John Undutch,

9. *Father's Occupation* Marbleworker,

10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Keane / for the

Address, Mothers Relief Society / 1712 Hutton Place

Remarks,

1897000086 37

been entered) its sex, color, the full name and occupation of its p
of its parents, the date and place of birth; and the
per in the form of a certificate between the first and
missioner of Health. In case the birth of any child
ner of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
overed as other fines and forfeitures are recoverable.
each child, if any, shall have
said schedule shall be delivered, duly signed by the practitioner in the
third day of each and every month to the office of the Commissioner of
shall occur without the attendance of a physician or practitioner of
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered

Wm. J. C. Dulany Co., City Printers and Stationers.

88696

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 5th 1897
4. Place of Birth, (Street and Number) 233 Morling Ave
5. Full Name of Mother, Estella Naylor
6. Mother's Maiden Name, Brooks
7. Mother's Birthplace, Maryland
8. Full Name of Father, Wm H Naylor
9. Father's Occupation Conductor
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, R. B. Norman M.D.

Address, 320 Falls Road

Remarks,

18970005638

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88697

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 5 1897

4. Place of Birth, (Street and Number) Johns Hopkins Hospital

5. Full Name of Mother, George Street

6. Mother's Maiden Name, George Street

7. Mother's Birthplace, Maryland

8. Full Name of Father, William Neeper

9. Father's Occupation Farmer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, George W. Doblin M.D.

Address, The Johns Hopkins Hospital

Remarks,

8 9 7 0 0 0 8 6 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88698

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 December 1897
4. Place of Birth, (Street and Number) 714 Wolf St
5. Full Name of Mother, Rose Kowalska
6. Mother's Maiden Name, R. Mówka
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Kowalski
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 S. Ann St

Remarks, Baltimore

1897000 8640

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6]

RETURN OF A BIRTH.

88699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 5, 1897
4. Place of Birth, (Street and Number) 912 Luzerne St.
5. Full Name of Mother, Lizzie Swirsk
6. Mother's Maiden Name, Lizzie Stynes
7. Mother's Birthplace, Balto
8. Full Name of Father, John Swirsk
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton St.

Remarks,

8970008641

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

86.]

88700

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December the 5th 1897
4. Place of Birth, (Street and Number) Pratt st No 1210
5. Full Name of Mother, Paulena Taylor
6. Mother's Maiden Name, Paulena Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert McGailor
9. Father's Occupation Labrer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Mitchell Ave

Remarks,

1 8 9 7 0 0 0 8 6 4 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

88701

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December the 5th 1897
4. *Place of Birth, (Street and Number)* McHenry No 1922
5. *Full Name of Mother,* Annie M Foherty
6. *Mother's Maiden Name,* Annie M Gardner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John M Foherty
9. *Father's Occupation* Conductor at the B O
10. *Father's Birthplace,* Elicots Citty

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Wilkins Ave

Remarks,

8970008643

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

88702

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December the 5th 1897
4. Place of Birth, (Street and Number) McHenry et al 1508
5. Full Name of Mother, Mary V Nickles
6. Mother's Maiden Name, Mary V Whorrey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lewis Nickles
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Wilkins Ave

Remarks,

8970008644

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 8/20/68

RETURN OF A BIRTH.

85703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ELIZABETH ~~KENDALL~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 5th 1897
4. Place of Birth, (Street and Number) 2421 N. Calvert St
5. Full Name of Mother, Emilie S. Kendall
6. Mother's Maiden Name, Emilie S Slater
7. Mother's Birthplace, Virginia
8. Full Name of Father, Henry S. Kendall
9. Father's Occupation, Travelling Salesman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Thos E McCormick M.D.

Address, 1421 Eutaw Place

Remarks,

1897U008645

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-27-54

88704

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Warren Albert Shultz 2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 5th 1897
4. *Place of Birth, (Street and Number)*	1552 W Carey St
5. *Full Name of Mother,*	Mollie Shultz
6. *Mother's Maiden Name,*	Goldsmith
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm Shultz
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Chas E Sadtler
Address,	1800 Bolton St
Remarks,	City

8 7 1 0 0 0 8 6 4 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6th of December 97.
4. *Place of Birth, (Street and Number)*	413. Pulaski St
5. *Full Name of Mother,*	Wanda Winskowski
6. *Mother's Maiden Name,*	Wanda Schulz
7. *Mother's Birthplace,*	Polin
8. *Full Name of Father,*	Julius Winskowski
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Kessler Midwife
Address,	2116 W Pratt St
Remarks,	

1897U003647

Wm. J. C. Dulany Co., City Printers and Stationers.

88706

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6 th of December 94.
4. *Place of Birth, (Street and Number)*	1705 Lemmon St
5. *Full Name of Mother,*	Lice Dieterich
6. *Mother's Maiden Name,*	Lice Fangmann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Carle Dieterich
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler midwife
Address,	2116 W Pratt St
Remarks,	

B97U0088648

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 6/97
4. Place of Birth, (Street and Number) 823 S. Montford Ave.
5. Full Name of Mother, Mamie Kopp
6. Mother's Maiden Name, " Strohlein
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Kopp
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 8 6 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

The return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88708

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 6th 1897
4. Place of Birth, (Street and Number) 825 W Cross st
5. Full Name of Mother, Sophia Louisa Knapp
6. Mother's Maiden Name, " " Griffith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Daniel Knapp
9. Father's Occupation Steam Fitter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Bangl

Address, 711 Cross Street

Remarks,

18970008650

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88709

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Wht
3. *Date of Birth,* Dec 6 1897
4. *Place of Birth, (Street and Number)* Johns Hopkins Hospital
5. *Full Name of Mother,* Louisa Reise
6. *Mother's Maiden Name,* Louisa Kroft.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Reise
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M D

Address, The Johns Hopkins Hospital.

Remarks,

8970008651

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 6

4. Place of Birth, (Street and Number) 121 Jones Alley

5. Full Name of Mother, Elizabeth Brooks

6. Mother's Maiden Name, Elizabeth Kupsch

7. Mother's Birthplace, Europe

8. Full Name of Father, Rudolph Brooks

9. Father's Occupation Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Brooks

Address, 121 Jones Alley Street

Remarks,

18970008652

Wm. J. C. Dulany Co., City Printers and Stationers.

88711

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 6/97
4. Place of Birth, (Street and Number) 2340 E. Fayette Str.
5. Full Name of Mother, Louisa Betz
6. Mother's Maiden Name, " Otto.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Betz
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 8 6 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88713

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dnber 6th 1897
4. *Place of Birth, (Street and Number)* 1926 Fairmount Ave
5. *Full Name of Mother,* Mary German
6. *Mother's Maiden Name,* Mary Rock
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas G. German
9. *Father's Occupation* Upholsterer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Kron Midwife

Address, 1922 E Fayette Street

Remarks,

8970008654

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6.]

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 6 98
4. Place of Birth, (Street and Number) 506 S Wolf St
5. Full Name of Mother, Albinnie Smith
6. Mother's Maiden Name, Brenner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William F Smith
9. Father's Occupation Sabor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary A Bertner

Address,

Remarks,

8 7 7 0 0 0 0 6 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Dec 6th
4. *Place of Birth, (Street and Number)* 407, Sanders st
5. *Full Name of Mother,* Louisa, H, Cox,
6. *Mother's Maiden Name,* Louisa, H, Steirer,
7. *Mother's Birthplace,* Essex County, Va,
8. *Full Name of Father,* Henry, H, Cox.
9. *Father's Occupation* Carpenter,
10. *Father's Birthplace,* Baltimore,

Name of Medical Attendant, or other person who makes this Return, M. R. Caskey

Address, 213. E. Heath St

Remarks, all well.

18970008656

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 6th 1897
4. *Place of Birth, (Street and Number)* 4295 Preston St.
5. *Full Name of Mother,* Carrie Banks.
6. *Mother's Maiden Name,* Mitchell
7. *Mother's Birthplace,* Laurel Md.
8. *Full Name of Father,* Milton T Banks
9. *Father's Occupation* Brakeman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, W M Pearce

Address, 1238 Gt Int Ave

Remarks,

8 9 7 0 0 0 8 6 5 7

been confirmed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Dec 4 '97
4. *Place of Birth, (Street and Number)* 809 Elder Alley.
5. *Full Name of Mother,* Mary Gorley
6. *Mother's Maiden Name,* " Stevenson
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Jos. Gorley.
9. *Father's Occupation* Furniture mover
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md Genl. Hosp.

Remarks,

8970008658

Wm. J. C. Dulany Co., City Printers and Stationers.

And schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 7 1897
4. *Place of Birth, (Street and Number)*	The Johns Hopkins Hospital
5. *Full Name of Mother,*	Mary Green
6. *Mother's Maiden Name,*	Mary Green
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	John T Green
9. *Father's Occupation*	Farmer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	Geo W D Obrien M D
Address,	The Johns Hopkins Hospital
Remarks,	

8970008659

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

236.]

RETURN OF A BIRTH. 88719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 7th 1897
4. *Place of Birth, (Street and Number)* 719 W Pratt St
5. *Full Name of Mother,* Louisa Lefevre
6. *Mother's Maiden Name,* Louisa Ulvers
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chas. A. Lefevre
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, M A Ledley

Address, 1004 West Lexington St

Remarks,

8 9 7 0 0 0 3 6 6 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White,
3. *Date of Birth,* December, 8,
4. *Place of Birth, (Street and Number)* 211, E. Hamburg St.
5. *Full Name of Mother,* Mary, E. Hubbard,
6. *Mother's Maiden Name,* Mary, E. Lewis,
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Levin, S. Hubbard,
9. *Father's Occupation* Caulker,
10. *Father's Birthplace,* Eastern Shore,

Name of Medical Attendant, or other person who makes this Return, M. R. Caskey,

Address, 213, E. [illegible]

Remarks, Doing Well,

8970008661

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88721

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Male~~ 1st

1. Sex, (state whether male or female) ~~White~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 8/97
4. Place of Birth, (Street and Number) Penna Av. & Robert St.
5. Full Name of Mother, Clara Freeburger
6. Mother's Maiden Name, Clara Carrick
7. Mother's Birthplace, Balto
8. Full Name of Father, Alfred Freeburger
9. Father's Occupation Policeman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison Av

Remarks,

8970008662

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 8th 1897
4. *Place of Birth, (Street and Number)* 2642 Boone St
5. *Full Name of Mother,* Blanche Chelton
6. *Mother's Maiden Name,* Blanche Price
7. *Mother's Birthplace,* Dorchester Co. Md
8. *Full Name of Father,* Fred. Chelton
9. *Father's Occupation* Seaman
10. *Father's Birthplace,* Somerset Co Md

Name of Medical Attendant, or other person who makes this Return J. G. Jeffers

Address, 1143 Franklin St

Remarks,

8970008663

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88723

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 9th 1897
4. Place of Birth, (Street and Number) 1106 Guilford Avenue
5. Full Name of Mother, Margaret Kearney
6. Mother's Maiden Name, " Nagle
7. Mother's Birthplace, Long Green Balto Co Md
8. Full Name of Father, Michael Joseph Kearney
9. Father's Occupation Long Green Balto Co Md
10. Father's Birthplace, " " " " "

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address 809 N Charles St

Remarks,

18970008664

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

887.24

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 9th 1898.
4. *Place of Birth, (Street and Number)* 1438 Belvedere St.
5. *Full Name of Mother,* ~~Mary~~ Tegler
6. *Mother's Maiden Name,* ~~Mary Tegler~~ Eckle
7. *Mother's Birthplace,* Cumberland Md.
8. *Full Name of Father,* Wm Tegler
9. *Father's Occupation* Telegrapher
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm Pearce

Address, 1238 Gwynn Ave

Remarks,

1 8 9 7 0 0 0 8 6 6 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 10/97
4. Place of Birth, (Street and Number) # 804 S. Eamon St
5. Full Name of Mother, Antonina Filipiak
6. Mother's Maiden Name, Antonina Speder
7. Mother's Birthplace, Germany
8. Full Name of Father, Stanislaus Filipiak
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal

Address, # 1710 Slice Anna St

Remarks, None

8970008666

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Th

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 10 197
4. Place of Birth, (Street and Number) #1736 Alice Anna St
5. Full Name of Mother, Frances Pilachowska
6. Mother's Maiden Name, Frances Zamenska
7. Mother's Birthplace, Germany
8. Full Name of Father, John Pilachowski
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Annie Grochmal

Address, #1710 Alice Anna St

Remarks, Gone

8970008667

Wm. J. C. Dulany Co., City Printers and Stationers.

The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 88727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male -
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* Dec. 11 - 1897 -
4. *Place of Birth, (Street and Number)* 6 612 W Lanvale St
5. *Full Name of Mother,* Adelia Jones -
6. *Mother's Maiden Name,* - - Tilghman -
7. *Mother's Birthplace,* B. C. Md
8. *Full Name of Father,* Robert Jones -
9. *Father's Occupation* Hack man -
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, W. B. Hawkins

Address, 509 W Saratoga St

Remarks,

8 9 7 0 0 0 8 6 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236]

88728

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Garland
3. Date of Birth, December 11 1897
4. Place of Birth, (Street and Number) 524 Tyson Street
5. Full Name of Mother, Liliae Losey
6. Mother's Maiden Name, Liliae Johnson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob Losey
9. Father's Occupation Laboring
10. Father's Birthplace, St Mary's County

Name of Medical Attendant, or other person who makes this Return, Chester Gotance

Address, 509 West Preston St

Remarks,

1 8 9 7 0 0 0 8 6 6 9

been completed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-1-66

[1236.]

RETURN OF A BIRTH. 88729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rose Sophia Hart

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 17th 1897
4. *Place of Birth, (Street and Number)* 1903 E Chase St
5. *Full Name of Mother,* Annie M Hart
6. *Mother's Maiden Name,* Franz
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry G Hart
9. *Father's Occupation* Upholsterer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, S W Seldner M D

Address, 154 E. Eager St.

Remarks,

1 8 9 7 0 0 0 8 6 7 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 12th 1898
4. *Place of Birth, (Street and Number)* 4 E. Henrietta St Baltimore City
5. *Full Name of Mother,* Sarah E. Phillips
6. *Mother's Maiden Name,* Sarah E. Clatchey
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Lee L. Phillips
9. *Father's Occupation* Mechanic
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return, J. K. Wiley M.D.

Address, 724 N. Carey St

Remarks, Premature birth w/ 2 months gestation. Lived about 6 hours

Wm. J. C. Dulany Co., City Printers and Stationers.

8970008671

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH.

88731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state ~~whether male~~ or female)* Name: Anna Hoffman
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 20 ~~1898~~ 1897
4. *Place of Birth, (Street and Number)* 1132 Columbia Ave
5. *Full Name of Mother,* Anna Hoffman
6. *Mother's Maiden Name,* Eckle
7. *Mother's Birthplace,* Cumberland Md
8. *Full Name of Father,* Geo Hoffman
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm Pierce

Address, 1228 Gilmore Ave

Remarks,

1 8 9 7 0 0 0 8 6 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88732

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 2 1897
4. Place of Birth, (Street and Number) S. E. Cor. Madison & Cathedral
5. Full Name of Mother, Genevieve Thompson Pennington
6. Mother's Maiden Name, Genevieve Thompson
7. Mother's Birthplace, Springfield, Mass
8. Full Name of Father, Yates Pennington
9. Father's Occupation, Lawyer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. J. Whitridge Williams

Address, 1124 Cathedral St

Remarks,

1 8 9 7 0 0 0 8 6 7 3

Health. This schedule shall contain a list of the [illegible] the full name of each child (if any shall have month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

236]

88733

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 mother 6 children

1. Sex, (state whether male or female) 6 male
2. Race or Color, (if not of the white race) color
3. Date of Birth, date 21 dec
4. Place of Birth, (Street and Number) 709 Sharpe Baltimore city md
5. Full Name of Mother, Ella McBride
6. Mother's Maiden Name, Ella King
7. Mother's Birthplace, princess anne
8. Full Name of Father, Washington McBride
9. Father's Occupation Bunless occupation
10. Father's Birthplace, Leals island

Name of Medical Attendant, or other person who makes this Return, annie M daives

Address, 914 leadenhall street

Remarks,

1 8 9 7 0 0 0 8 6 7 4

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 22 1897
4. *Place of Birth, (Street and Number)* 415 St Paul
5. *Full Name of Mother,* Marion Beals
6. *Mother's Maiden Name,* Beatty
7. *Mother's Birthplace,* ~~[illegible]~~ England
8. *Full Name of Father,* Isaac Beals
9. *Father's Occupation* Artist.
10. *Father's Birthplace,* Eng.

Name of Medical Attendant, or other person who makes this Return, Wm Pearce

Address, 1238 Gwynn Ave.

Remarks,

8 9 7 0 0 0 8 6 7 5

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88735

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd,

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, Dec. 22nd
4. Place of Birth, (Street and Number) 1239, Battery ave,
5. Full Name of Mother, May, M. Wheeler
6. Mother's Maiden Name, May, M. Petty,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George, G. Wheeler,
9. Father's Occupation Laborer,
10. Father's Birthplace, Baltimore,

Name of Medical Attendant, or other person who makes this Return, M. R. Carney

Address, 213, E. Heath St

Remarks, Long well,

+ 8 9 7 0 0 0 8 6 7 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-8-56

88736

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.	Charles Mason ~~Fitzpatrick~~ Fourth
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 22 1897
4. *Place of Birth, (Street and Number)*	2116 n Calvert st Balto
5. *Full Name of Mother,*	Belle Fitzpatrick
6. *Mother's Maiden Name,*	Belle Newman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Fitzpatrick
9. *Father's Occupation,*	Insurance agent
10. *Father's Birthplace,*	Brooklyn N.Y.
Name of Medical Attendant, or other person who makes this Return.	John McGrath
Address,	2116 N. Calvert st
Remarks,	

8 4 7 0 0 0 8 6 7 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. C. BURLANY & SON, CITY PRINTERS AND STATIONERS

36.]

RETURN OF A BIRTH. 88737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd, 1897.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 25th, 1897.
4. *Place of Birth, (Street and Number)*	1304 N Carlin St.
5. *Full Name of Mother,*	Emma Johnstone
6. *Mother's Maiden Name,*	Emma Sindal.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Jos. N Johnstone
9. *Father's Occupation*	Insurance Solicitor.
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton, M.D.
Address,	S.W. Cor. Calvert & Preston Sts
Remarks,	

8 9 7 0 0 0 8 8 6 7 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH.

88738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* December 29/897
4. *Place of Birth, (Street and Number)* 1217 Raborg St.
5. *Full Name of Mother,* Emma Isabelle Griffin.
6. *Mother's Maiden Name,* Griffin.
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Isaiah Driver.
9. *Father's Occupation* Driver.
10. *Father's Birthplace,* Howard Co.

Name of Medical Attendant, or other person who makes this Return, Mary C Jones

Address, 1121 Saratoga St Balto Md.

Remarks,

8970003679

Wm. J. C. Dulany Co,. City Printers and Stationers.

occupation of its parents, the date and place of birth; and the
een conferred; its sex, color, the full name and occupa
practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the prac
of the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the
shall occur without the attendance of a physician or pr
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health,
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be
n or practioner of midwifery, or should no other person be in
her it shall become the duty, of the person or parents of such
ealth, in the manner and within the period above required, and
ail to comply with the provisions of this section shall be sub-
ce, to be recovered as other fines and forfeitures are recoverable.

88739

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Decem. 10, 1897
4. Place of Birth, (Street and Number)	10 S. Carrollton Ave
5. Full Name of Mother,	Agnes M. Michael
6. Mother's Maiden Name,	Williamson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Walter F. Michael
9. Father's Occupation.	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	J. Ohm Hood, M.D.
Address,	16 S. Gilmor St
Remarks,	

1 8 9 7 0 0 0 3 6 8 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. [illegible]ANY & CO., CITY PRINTERS AND STATIONERS

88740

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) Dec 12 1897
3. Date of Birth, 1206 Register St.
4. Place of Birth, (Street and Number) Mary Finnigan
5. Full Name of Mother, Scott
6. Mother's Maiden Name, Bolt.
7. Mother's Birthplace, Wm J. Finnigan
8. Full Name of Father, Brass Finisher
9. Father's Occupation Tenn.
10. Father's Birthplace, Wm Pearce

Name of Medical Attendant, or other person who makes this Return, 1238 Gist Ave.

Address,

Remarks,

1 8 9 7 0 0 0 8 6 8 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

88741

CERTIFICATE CORRECTED 8/17/67

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name,	Emma Augusta Buehner
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	December 16 th 1897
4. Place of Birth, (Street and Number)	311 S Regester st
5. Full Name of Mother,	Kate Buehner Buehner
6. Mother's Maiden Name,	Kate Henkel
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frederick Buehner Buehner
9. Father's Occupation	Brass Molder
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary Engelhart
Address,	
Remarks,	

1897000003682

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

236.]

RETURN OF A BIRTH. 88742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 22 1897
4. *Place of Birth, (Street and Number)* 335 S Caroline St
5. *Full Name of Mother,* Lena Goldstein
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Myer Goldstein
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finkberg

Address, 25 S Lloyd St

Remarks,

8970008683

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

887418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 25 1897
4. *Place of Birth, (Street and Number)* 335 S Caroline St
5. *Full Name of Mother,* Annie Hoffman
6. *Mother's Maiden Name,* Furman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Lew Hoffman
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 25 Lloyd St

Remarks,

8 9 7 0 0 0 8 6 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH.

88744

GIVEN NAME ADDED 2-3-65

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rose Liboier

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 26 1897
4. Place of Birth, (Street and Number) 914 E. Pratt St
5. Full Name of Mother, Jannie Liboier
6. Mother's Maiden Name, J. Albert
7. Mother's Birthplace, Russia
8. Full Name of Father, Hyam Leboier
9. Father's Occupation Shoemaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 25 Lloyd St

Remarks,

1897000 8685

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88745

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 28th 1897 ~~515 S Regester st~~
4. *Place of Birth, (Street and Number)* 515 S Regester st
5. *Full Name of Mother,* Maggie C Hornberger
6. *Mother's Maiden Name,* Maggie Jansen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Hornberger
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address,

Remarks,

1 8 9 7 0 0 0 8 6 8 6

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. Sex, (state whether male or female) Femal
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Dec. 1st. 1897
4. Place of Birth, (Street and Number) 162 Jefferson St E.
5. Full Name of Mother, Amanda Washington
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto. Md. Unmarried
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M. D.

Address, Johns Hopkins Hospital

Remarks, Baltimore Md.

8 9 7 0 0 0 8 6 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

State Statute shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

~~8874~~
8874

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Dec 2. 97
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Susie Hart
6. Mother's Maiden Name, " "
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D Love

Address, 622 W Lombard

Remarks,

8 9 7 0 0 0 3 6 8 8

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person live in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

8874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, it shall become the duty of the person above required, immediately thereafter, if he shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, Dec 2. '97

4. Place of Birth, (Street and Number) Md Gen Hosp

5. Full Name of Mother, Josephine Taylor.

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Md.

8. Full Name of Father, Geo. Smith.

9. Father's Occupation Shoe Packer.

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Wm L Todd

Address, Md Gen. Hosp

Remarks,

1897 0003689

Wm. J. C. Dulany Co., City Printers and Stationers.

88749

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Dec 2 '97
4. Place of Birth, (Street and Number) Med Genl Hosp
5. Full Name of Mother, Florence Wright
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jno. Adams.
9. Father's Occupation Lab.
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Med Genl Hosp

Remarks,

8970008690

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Dec 3 97
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Pauline Brown
6. Mother's Maiden Name, " "
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D Lowe

Address, 622 W Lombard

Remarks,

84700088691

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 3rd 1897
4. Place of Birth, (Street and Number) #527 S. Ann St
5. Full Name of Mother, —
6. Mother's Maiden Name, Rosa Rogalewska.
7. Mother's Birthplace, Germany
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, #1710 Alice Anna St

Remarks, Gone

1897 0003692

Wm. J. C. Dulany Co., City Printers and Stationers.

88752

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* December 6th 1897
4. *Place of Birth, (Street and Number)* Maternité - 115 W. Lombard.
5. *Full Name of Mother,* Francis Thompson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, E. Boynton M.D.

Address, 115 W. Lombard St.

Remarks,

8970008693

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, Dec 6 '97

4. Place of Birth, (Street and Number) Md. Gen. Hosp.

5. Full Name of Mother, Louis Robinson

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Md.

8. Full Name of Father, Jos Carter.

9. Father's Occupation Lab.

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md. Gen. Hosp.

Remarks,

8970003694

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

S87641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 11th. 1897
4. *Place of Birth, (Street and Number)* Maternité - 115 W Lombard St.
5. *Full Name of Mother,* Emma Johnson
6. *Mother's Maiden Name,* Emma Johnson
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, E. Baynton M.D.

Address, 115 W. Lombard St.

Remarks,

8970008695

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 11 97
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Annie Taylor
6. Mother's Maiden Name, " "
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D. Love

Address, 622 W Lombard

Remarks,

8970008696

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Dec. 12th, 1897
4. *Place of Birth, (Street and Number)* 2032 Mayer St.
5. *Full Name of Mother,* Julia Milburn
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Unmarried
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

1897000-8697

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col

3. Date of Birth, 12/10 97

4. Place of Birth, (Street and Number) Mid Penl Hosp.

5. Full Name of Mother, Mary Washington

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md Penl Hosp

Remarks,

1897U008698

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Dec 12th 1897
4. Place of Birth, (Street and Number) 403 N. Bethel St.
5. Full Name of Mother, Edith Brown
6. Mother's Maiden Name, Unmarried
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M. D.

Address,

Remarks,

8 9 7 0 0 0 8 6 9 9

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its pa
er in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in th
third day of each and every month to the office of the Commissione
nissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of m
ner of midwifery, or should no other person be in
become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it shall become
manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the manne
with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with t
jected to the fine of ten (10) dollars for each offence, to be recovered as
vered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec. 13. 1897

4. *Place of Birth, (Street and Number)* St. Vincents Infant Asylum

5. *Full Name of Mother,* Bertha Johnson

6. *Mother's Maiden Name,* Via

7. *Mother's Birthplace,* Not known

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, A. L. Rasin M.D.

Address, 809 N Eutaw

Remarks,

8970008700

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* Dec 13. 97
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Rosa Johnson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Jas D Love

Address, 622 W Lombard

Remarks,

8970003701

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 14th 1897
4. *Place of Birth, (Street and Number)* Maternité - 115 W. Lombard
5. *Full Name of Mother,* Lena Schmidt
6. *Mother's Maiden Name,* Lena Schmidt
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, E. Baynton M.D.

Address, 115 W. Lombard St.

Remarks,

8970008702

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88762

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Dec 16 97
4. *Place of Birth, (Street and Number)* Md Genl. Hosp.
5. *Full Name of Mother,* Mary Wilson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Hagerstown.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, Md. Genl Hosp

Remarks,

8970008703

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 17. 1897
4. *Place of Birth, (Street and Number)* St. Vincent's Inf. Asylum
5. *Full Name of Mother,* Kate Bennett
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* D. C.
8. *Full Name of Father,* Not known
9. *Father's Occupation* "
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, R. C. Rasin M.D.

Address, 809 N. Eutaw

Remarks,

1 8 9 7 0 0 0 8 7 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 15th 1897
4. *Place of Birth, (Street and Number)*	Maternité - 115 West Lombard
5. *Full Name of Mother,*	Dora Slater
6. *Mother's Maiden Name,*	Dora Slater
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	E. L. Boynton M.D.
Address,	115 W. Lombard St.
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1897000 8705

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 22. 1897
4. *Place of Birth, (Street and Number)* St Vincents Infant Asylum
5. *Full Name of Mother,* Mary Clow
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Ill
8. *Full Name of Father,* Not known
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, R. C. Basin M. D

Address, 809 N. Eutaw

Remarks;

8 9 7 0 0 0 8 7 0 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

~~58237~~ ~~58248~~ 58766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W.

3. Date of Birth, 12/23 97

4. Place of Birth, (Street and Number) Md. Gen Hosp

5. Full Name of Mother, Daisy Lee

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Balto.

8. Full Name of Father, Harry Coleman.

9. Father's Occupation Welding.

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md. Gen Hosp

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 7 0 0 0 3 7 0 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 25. 1897
4. *Place of Birth, (Street and Number)* St. Vincent's Inf. Asylum
5. *Full Name of Mother,* Maggie Hall
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Not known
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, R. C. Rasin M. D.

Address, 809 N. Eutaw.

Remarks,

1 8 9 7 0 0 0 8 7 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88768

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 25. 97
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Sarah Scales
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jas. D Love

Address, 622 W Lombard

Remarks,

18970008709

Wm J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	Dec 27 '91
4. *Place of Birth, (Street and Number)*	Md Genl Hosp
5. *Full Name of Mother,*	Annie Shorter.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Ben. Brown.
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace,*	Va.
Name of Medical Attendant, or other person who makes this Return,	M L Todd
Address,	Md Genl Hosp
Remarks,	

1897 0008710

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 9th 1897
4. Place of Birth, (Street and Number) Maternité - 115 W Lombard St.
5. Full Name of Mother, Mary Hall
6. Mother's Maiden Name, Mary Hall
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, E. Baynton M.D.

Address, 115 W Lombard

Remarks,

8970008711

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236]

88771

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec - 30 - 97 -
4. Place of Birth, (Street and Number) Mt Hope Hospital
5. Full Name of Mother, Anna Hoy.
6. Mother's Maiden Name, Unknown
7. Mother's Birthplace, Maryland
8. Full Name of Father, Mt Known
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, C. C. Lumpkin

Address, 801 N Fayette St.

Remarks,

8 9 7 0 0 0 8 7 1 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	Dec 30 97
4. *Place of Birth, (Street and Number)*	Md Genl Hosp
5. *Full Name of Mother,*	Mary Brown
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Jas Cross
9. *Father's Occupation*	Farmer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	M L Todd
Address,	Md Genl Hosp.
Remarks,	

8970008713

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 30. 97
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Mary Reed
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Jas. D. Low

Address, 622 W Lombard

Remarks,

8970008714

Wm J C Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 1 1897
4. *Place of Birth, (Street and Number)* 1319 N Eden
5. *Full Name of Mother,* Josephine McNulty
6. *Mother's Maiden Name,* Bond
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Henry McNulty
9. *Father's Occupation* Moulder
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Dr. O B Billingslea

Address, 1206 E Baltimore St

Remarks,

18970008715

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 4/97
4. *Place of Birth, (Street and Number)* 1105 E. Preston St
5. *Full Name of Mother,* Mary Mooney
6. *Mother's Maiden Name,* Kennish
7. *Mother's Birthplace,* Australia
8. *Full Name of Father,* Dr. Chs Mooney
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Calvert Co Md

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E Preston St

Remarks,

1897U008716

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH.

88776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov. 24 (Dec 5/07
4. *Place of Birth, (Street and Number)* 749 W. Balto St
5. *Full Name of Mother,* Johanna Ehrke
6. *Mother's Maiden Name,* Borman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ernest Ehrke
9. *Father's Occupation* Jeweler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1306 E. Preston St

Remarks, Full name of child - Ernest Borman Ehrke

8970008717

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 1297 1297

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December 6
4. Place of Birth, (Street and Number) Baltimore City Cathorn 1352
5. Full Name of Mother, Cathern Bri Ames
6. Mother's Maiden Name, Cathern Brice
7. Mother's Birthplace, A. A. County M.D.
8. Full Name of Father, Mary J. Ames
9. Father's Occupation Water Waiter
10. Father's Birthplace, Camden new Jesy

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 What Coat

Remarks,

8970008718

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 7th 1897.
4. *Place of Birth, (Street and Number)* 1725 Aiken St
5. *Full Name of Mother,* Bianki Crook
6. *Mother's Maiden Name,* Mahler
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Frank Crook
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer M. D

Address, 1400 Jefferson St.

Remarks,

1897 00086719

Wm. J. C. Dulany Co., City Printers and Stationers.

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, and recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 7/~~98~~ '97
4. *Place of Birth, (Street and Number)* 302 Fillmore st
5. *Full Name of Mother,* Mary A Oelendorf
6. *Mother's Maiden Name,* Felsch
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Henry Oelendorf
9. *Father's Occupation* Bird & Merchant
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Preston st

Remarks,

8970008720

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[redacted] 4-15-66

OF A BIRTH.

88780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARTIN GEO~~DES~~ BACON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 8, ~~98~~ '97
4. *Place of Birth, (Street and Number)* 824 N. Hopkins Ave
5. *Full Name of Mother,* Ida Bacon
6. *Mother's Maiden Name,* Doutes
7. *Mother's Birthplace,* Balto Co Md
8. *Full Name of Father,* Eli Bacon
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return, M. B. Billingsley

Address, 1206 E. Preston st

Remarks,

8970008721

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 12th 1845 A.M. 1897
4. *Place of Birth, (Street and Number)* 2211 E Lombard St
5. *Full Name of Mother,* Anna Belle Church Heise
6. *Mother's Maiden Name,* A. B. C Condy
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Louis Gotlieb Heise
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, James E Donelle M D

Address, 1707 Baltimore St East

Remarks,

84700003722

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-1-55

RETURN OF A BIRTH. 88782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Annette ~~Eckels~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 17th 1897
4. Place of Birth, (Street and Number) 208 Little Gough St
5. Full Name of Mother, Jinnie Eckels
6. Mother's Maiden Name, Mittendorf
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Frederick W. Eckels
9. Father's Occupation Ice dealer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer M.D

Address, 1400 Jefferson St.

Remarks,

1897 00 08723

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
ner. It shall be the manner and within the period above required, and
alth, in the manner and within the provisions of this section shall be sub-
l to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the C
shall occur without the attendance of a physician or pra
attendance upon the birth to the Commissioner of Health, in
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to com
jected to the [illegible] of ten (10) dollars for each offence, to be

RETURN OF A BIRTH. 88783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* Dec 26/1897

4. *Place of Birth, (Street and Number)* 1204 E. Madison

5. *Full Name of Mother,* M. M. Foster

6. *Mother's Maiden Name,* Hoop

7. *Mother's Birthplace,* Balto. Md

8. *Full Name of Father,* Wm. J. Foster

9. *Father's Occupation* clerk

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr. B. Billingslea

Address, 1206 E. Preston St

Remarks,

1897 U 008724

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 28th 1897
4. *Place of Birth, (Street and Number)* 1324 Ettings St Balto City
5. *Full Name of Mother,* Elizabeth Thomas
6. *Mother's Maiden Name,* Adams
7. *Mother's Birthplace,* Howard County
8. *Full Name of Father,* James Thomas
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Eastern Shore Md

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 337 Wadsworth St

Remarks, None

1897 0008725

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 1897.

1. *Sex, (state whether male or female)* Male Colored
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sunday 26 Dec.
4. *Place of Birth, (Street and Number)* 1140 Stockton St.
5. *Full Name of Mother,* Mary Hall
6. *Mother's Maiden Name,* Mary Spears
7. *Mother's Birthplace,* St. Mary's Co
8. *Full Name of Father,* Charley Hall
9. *Father's Occupation* Stevedor
10. *Father's Birthplace,* Talbot Co.

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 Whatcoat

Remarks,

8 9 7 0 0 0 8 7 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 27 th 1878
4. *Place of Birth, (Street and Number)* 526 Patterson Ave.
5. *Full Name of Mother,* Johanna Schmitt
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Schmitt
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Leary Kepler

Address, 5 N Washington 1887

Remarks,

1897 0008727

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88787

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 28th 1898.
4. Place of Birth, (Street and Number) 421 Bradford
5. Full Name of Mother, Katie Kasal.
6. Mother's Maiden Name, Bohemian
7. Mother's Birthplace, Fred Kasal
8. Full Name of Father, Carpenter
9. Father's Occupation Bohemian
10. Father's Birthplace, Mary Kopitz

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 365 N. Washington [illegible]

Remarks,

1897000872 8

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Dec 29 1891
4. *Place of Birth, (Street and Number)* 1141 Stockton St
5. *Full Name of Mother,* Rosa R Nelson
6. *Mother's Maiden Name,* Rosa R Wood
7. *Mother's Birthplace,* St Marys Co Md
8. *Full Name of Father,* Daniel W Nelson
9. *Father's Occupation* Porter
10. *Father's Birthplace,* St Marys Co Md

Name of Medical Attendant, or other person who makes this Return, Myrnar Jones

Address, 1337 Watcoat St

Remarks,

8970008729

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 29th 1897
4. *Place of Birth, (Street and Number)* 3034 Boston St
5. *Full Name of Mother,* Mary Brafinski
6. *Mother's Maiden Name,* Polish
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Andy Brafinski
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kilduff

Address, 205 N. Washington St

Remarks,

1897000088730

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 29th 1897
4. *Place of Birth, (Street and Number)* 227 W. Lee St.
5. *Full Name of Mother,* Annie Dean
6. *Mother's Maiden Name,* Brannan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Fred Dean
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Harry McKim

Address, 205 N. Washington Ave

Remarks,

8970008731

Wm. J. C. Dulany Co,. City Printers and Stationers.

88791

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 26 December 1897
4. Place of Birth, (Street and Number) 310 Richmond St
5. Full Name of Mother, Mollie Dunne Pyeritz
6. Mother's Maiden Name, Mollie Dunne
7. Mother's Birthplace, California
8. Full Name of Father, Paul Pyeritz
9. Father's Occupation, Merchant
10. Father's Birthplace, Stettin, Germany.

Name of Medical Attendant, or other person who makes this Return. L. Reinhard

Address, 220 W. Madison Street.

Remarks,

1897 0008732

said schedule shall be delivered. Only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 88792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, 1st Dec 1897
4. Place of Birth, (Street and Number) Baltimore No 1718 Holbrook St
5. Full Name of Mother, Annie L. Mettee
6. Mother's Maiden Name, Annie L. Young
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew H. Mettee
9. Father's Occupation Yeast Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah Woolfen

Address, No 1000 E Hoffman St

Remarks,

1 8 9 7 0 0 0 8 7 3 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 88793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 26th 1897
4. Place of Birth, (Street and Number)	1016 E. Hoffman St.
5. Full Name of Mother,	Laura Benson
6. Mother's Maiden Name,	Laura Hopple
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	William Benson
9. Father's Occupation	Driver
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return,	Dr. Jeffries Buck
Address,	1051 Aisquith St.
Remarks,	

1 8 9 7 0 0 0 8 7 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[336.]

RETURN OF A BIRTH A. 88794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 27th 1897
4. *Place of Birth, (Street and Number)*	1314 Valley St.
5. *Full Name of Mother,*	Maggie Burke
6. *Mother's Maiden Name,*	Maggie Kane
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Burke
9. *Father's Occupation*	Coachman
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return,	Dr. Jeffries Buck
Address,	1051 Augusta St.
Remarks,	

1897 U 0008735

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Certificate of Birth shall state the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. A. 88795.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 30th 1897
4. Place of Birth, (Street and Number)	2040 E. Federal St
5. Full Name of Mother,	Paulina Gill
6. Mother's Maiden Name,	Paulina Wiegand
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Henry Gill
9. Father's Occupation	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. Jeffries Buck
Address,	1051 Aisquith St
Remarks,	

8970008736

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-16-87

RETURN OF A BIRTH. A 88796

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

...d of Mother, (state whether 1st, 2d, 3d, &c.)	Elsie Henry
...tate whether male or female)	Second
... Color, (if not of the white race)	Female
... Birth,	White
...h, (Street and Number)	Dec 10th 1897
... Mother,	1221 Ensor St
...er's Maiden Name,	Mary J. Henry
...her's Birthplace,	Mary J. Snyder
... Name of Father,	Baltimore
...her's Occupation	W. M. Henry
...her's Birthplace,	Paper Hanger
...e of Medical Attendant, or other person who makes this Return,	Baltimore
...ss, DATE FILED 1897	Dr. Jefferson Buck
...arks,	[illegible]

1897000 8737

RETURN OF A BIRTH A88797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 11th 1897.
4. Place of Birth, (Street and Number) 12 Gorsuch Ave.
5. Full Name of Mother, Emma E.
6. Mother's Maiden Name, Bond
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William F. Huse
9. Father's Occupation Contractor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. B. Hartwell

Address, 815 Jefferson Ave.

Remarks,

18970008738

said schedule shall be delivered, duly signed ... the first and third day of each and every month to the ... of any child shall occur without the attendance of a physic... person be in attendance upon the mother, immediately there... ents of such child to report its birth to the Commissioner of H... required, and any such person or persons who shall hereafter fail to comply with t... shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as ... recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED – 10/23/69

RETURN OF A BIRTH A 88798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: WILFRED ~~BROWNE~~ STARR

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 14th 1897.
4. Place of Birth, (Street and Number) 1222 Barclay St.
5. Full Name of Mother, Flora M.
6. Mother's Maiden Name, Grace
7. Mother's Birthplace, Balto. Co.
8. Full Name of Father, William L. Starr
9. Father's Occupation Watchman
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return, E. S. Hastings

Address, 815 Jefferson Ave.

Remarks,

I 8 9 7 0 0 0 8 7 3 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 88799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 12/97
4. *Place of Birth, (Street and Number)* 526 S. Green St
5. *Full Name of Mother,* Sarah Newman
6. *Mother's Maiden Name,* " Lowenstine
7. *Mother's Birthplace,* Cumberland Md
8. *Full Name of Father,* Joseph Newman
9. *Father's Occupation* Jaber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos. McLumpkin, MD

Address, 602 S Paca St

Remarks,

8970003740

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 88800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 28/97
4. *Place of Birth, (Street and Number)* 538 W Lee St
5. *Full Name of Mother,* Georgie M. Shagogue
6. *Mother's Maiden Name,* " " Rush
7. *Mother's Birthplace,* West Virginia
8. *Full Name of Father,* A M Shagogue
9. *Father's Occupation* Dentist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos. McKee

Address, 603 S Paca St

Remarks,

1897 0008741

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 88831

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~state whether male or~~ *female*)
2. *Race or Color,* (~~if not of the~~ *white* ~~race~~)
3. *Date of Birth,* Jany 2 1897
4. *Place of Birth,* (*Street and Number*) 410 New.
5. *Full Name of Mother,* Emma E Krah
6. *Mother's Maiden Name,* " " Mayer
7. *Mother's Birthplace,* Phila. Pa
8. *Full Name of Father,* Chas. E Krah
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return Pearce Kintzing MD

Address, 424 N Greene St

Remarks, L.O.A. Spontaneous del

1897 00 03742

of the parents, and the maiden name of the mother of such child or children."

GULANY & CO., CITY PRINTERS AND STATIONERS.

88832

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 4th 1897
4. Place of Birth, (Street and Number) 1117 York Rd.
5. Full Name of Mother, Lydia J. Maddock
6. Mother's Maiden Name, O'Brien
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Thos. Maddock
9. Father's Occupation Gardner
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, J. B. Hat. M.D.

Address, Waverly.

Remarks,

8 9 7 0 0 0 8 7 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-31-60

RETURN OF A BIRTH. 88853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) James Roland 2nd McComas

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 9. 1897
4. Place of Birth, (Street and Number) 1321 N. Broadway
5. Full Name of Mother, Mary Eliza McComas
6. Mother's Maiden Name, " " Pennington
7. Mother's Birthplace, Harford Co. Md.
8. Full Name of Father, Jas. B. McComas
9. Father's Occupation Post Office Clerk
10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1131 N. Caroline St.

Remarks,

1897 U0088744

Wm. J. C. Dulany Co., City Printers and Stationers.

88834

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jany 16th 97.
4. Place of Birth, (Street and Number) 430 Harford road
5. Full Name of Mother, Bessie F. Fox King
6. Mother's Maiden Name, Fox
7. Mother's Birthplace, Balto.
8. Full Name of Father, Otto King
9. Father's Occupation Florist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. B. Hartwick

Address, 815 Jefferson Ave.

Remarks, 1 8 9 7 0 0 0 8 7 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-11-54

RETURN OF A BIRTH.

88883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Augusta 2nd. Whittle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 16. 1897
4. *Place of Birth, (Street and Number)* 1117 N. Bond St.
5. *Full Name of Mother,* Alice Whittle
6. *Mother's Maiden Name,* Engel
7. *Mother's Birthplace,* Morgan Co. Tenn.
8. *Full Name of Father,* Wm. H. Whittle
9. *Father's Occupation* Patrolman
10. *Father's Birthplace,* Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return, Jos. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

1897 0008746

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88836

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 19th 1897.
4. Place of Birth, (Street and Number) Charles St. Ave. above Toll Gate
5. Full Name of Mother, Katherine Smallwood
6. Mother's Maiden Name, Cosgrove
7. Mother's Birthplace, Maryland
8. Full Name of Father, Charles A. Smallwood
9. Father's Occupation Liveryman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. B. Hartwick

Address, 815 Jefferson Ave.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1897 0008747

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 20. 97

4. *Place of Birth, (Street and Number)* 1227 E. Biddle St.

5. *Full Name of Mother,* Fannie J. Read

6. *Mother's Maiden Name,* " Howard

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* John Wesley Read

9. *Father's Occupation* Paper hanger

10. *Father's Birthplace,* Havre de Grace Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1131 N. Caroline St.

Remarks,

18970008748

Wm. J. C. Dulany Co., City Printers and Stationers.

88838

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jany 21. 1897
4. Place of Birth, (Street and Number) 911 N. Chester St.
5. Full Name of Mother, Augusta A. H. Hall
6. Mother's Maiden Name, " " Knapp
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Saml. M. Hall
9. Father's Occupation Type caster
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N Caroline St.

Remarks,

18970008749

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88839

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 23. '97
4. *Place of Birth, (Street and Number)* 1322 N Chester St.
5. *Full Name of Mother,* Etta Kate Poisal
6. *Mother's Maiden Name,* " " Hooper
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Wilbur F. Poisal
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Geo A. Hartman M.D.

Address, 1121 N Caroline St.

Remarks,

1897000 8750

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name-Gertrude Estelle Jurey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	~~Male~~ Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 27, 1897
4. *Place of Birth, (Street and Number)*	608 Woodmont Ave
5. *Full Name of Mother,*	Carrie E. ~~(Jury)~~ Jurey
6. *Mother's Maiden Name,*	Holby
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Oscar G. ~~(Jury)~~ Jurey
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	J. B. Hart M.D.
Address,	Waverly
Remarks,	

1897 000 0751

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88841

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany. 21. 1897
4. *Place of Birth, (Street and Number)* 815 E. Biddle St.
5. *Full Name of Mother,* Hannah E. Roach
6. *Mother's Maiden Name,* " " Moran
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* J. Vincent Roach
9. *Father's Occupation* Attorney at-Law
10. *Father's Birthplace,* Charles Co. Md.

Name of Medical Attendant, or other person who makes this Return, Jos A. Hartman M.D.

Address, 1131 N. Caroline St.

Remarks,

1897 0008752

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and [illegible] of each and every month to the office of the Commissioner of Health. In case the birth of any child [illegible] occur without the attendance of a physician or practioner of midwifery, or should no other person be in [illegible]dance upon the mother, immediately thereafter it shall become the duty of the person or parents of such [illegible]ld to report its birth to the Commissioner of Health, in the manner and within the period above required, and [illegible] such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Brown Skin
3. *Date of Birth,* Jan 16 1897
4. *Place of Birth, (Street and Number)* Summit Spring
5. *Full Name of Mother,* Smith
6. *Mother's Maiden Name,* Baltimore Md
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Stymo
9. *Father's Occupation* Cat
10. *Father's Birthplace,* B

Name of Medical Attendant, or other person wh[illegible] makes this Retu[illegible]

Address,

Remarks.

1 8 9 7 0 0 0 8 7 5 3

Co., City Printers

HR-RM (2-1-54) Hall of [illegible]

RETURN OF A BIRTH.

88843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

88843

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 2nd 1897.
4. *Place of Birth, (Street and Number)* 921 E. Preston st.
5. *Full Name of Mother,* Virginia F. Arnold
6. *Mother's Maiden Name,* " " Weatherstein
7. *Mother's Birthplace,* Balto. Co.
8. *Full Name of Father,* Chas. H. Arnold
9. *Father's Occupation* Stairbuilder
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8970000754

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

88844

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday Jan 16th 1897
4. *Place of Birth, (Street and Number)* 219 S Chester
5. *Full Name of Mother,* Emma V Spear
6. *Mother's Maiden Name,* Emma V Boone
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Jefferson D Spear
9. *Father's Occupation,* Insurance Collector
10. *Father's Birthplace,* Harford Co

Name of Medical Attendant, or other Person who makes this Return. Mary J Coursey

Address, 607 N Bradford St

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

1 8 9 7 0 0 0 8 7 5 5

88862
88850

RETURN OF A BIRTH.

GIVEN NAME ADDED 3/13/62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Dorothy Hines

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby. 7, 1897
4. Place of Birth, (Street and Number) 1619 E. Preston St.
5. Full Name of Mother, Nicia P. Hines
6. Mother's Maiden Name, " " Andrews
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Jno. C. Hines
9. Father's Occupation Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

8 9 7 0 0 0 8 7 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 8, 1897
4. *Place of Birth, (Street and Number)* 4 Jackson St.
5. *Full Name of Mother,* Dorah M. Cobale
6. *Mother's Maiden Name,* Ramming
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Emile Cobale
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, J. B. Hart M.D.

Address, Waverly

Remarks,

1897000 8757

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6/24/66

RETURN OF A BIRTH.

88852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ALMA ELIZABETH ~~ERDMAN~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby. 12, 1897
4. *Place of Birth, (Street and Number)* 1410 E. Biddle St.
5. *Full Name of Mother,* Gertrude W. Erdman
6. *Mother's Maiden Name,* " Wallace
7. *Mother's Birthplace,* Jersey City, N. J.
8. *Full Name of Father,* Thomas E. Erdman
9. *Father's Occupation* Fairyman
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

18970008758

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any chi[illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recove[illegible]

RETURN OF A BIRTH. 88853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 15. 1897

4. Place of Birth, (Street and Number) 1341 N. Edw 31.

5. Full Name of Mother, Emma Virginia Bunting

6. Mother's Maiden Name, " " Williamson

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Septimus Jason Bunting

9. Father's Occupation Inspector

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Jos. L. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

1897 0008759

shall occur without the attendance of a physician or practitioner of midwifery, or should no birth of any ch... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., Cit... ers and Stationers.

RETURN OF A BIRTH. 88804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May. 16. 1897
4. Place of Birth, (Street and Number) 1007 N. Bond St.
5. Full Name of Mother, Helena Eichard
6. Mother's Maiden Name, " Lutz
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Jamil. J. Eichard
9. Father's Occupation Motorman
10. Father's Birthplace, Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Jos. A. Hartman M.D.

Address, 1121 N. Carolina St.

Remarks,

1897000087600

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88855 88855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 18/97
4. Place of Birth, (Street and Number) 1539 Aisquith st
5. Full Name of Mother, Mary A Hinsley
6. Mother's Maiden Name, Brickler
7. Mother's Birthplace, Balti
8. Full Name of Father, Harry C Hinsley
9. Father's Occupation Broiler
10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return, W. B. Billingslea

Address, 1206 E Baltimore St.

Remarks,

8970008761

Wm. J. C. Dulany Co., City Printers and Stationers.

day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 20 ~~1896~~ 1897
4. Place of Birth, (Street and Number) 1404 Franklin St.
5. Full Name of Mother, Frances Catharine Spicknal
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Lower Marlboro Calvert Co.
8. Full Name of Father, Jno. W. Spicknall
9. Father's Occupation, Carpenter
10. Father's Birthplace, Lower Marlboro Calvert Co

Name of Medical Attendant, or other person who makes this Return. H. J. Evans

Address, N.E. Cor Carey & Fayette

Remarks,

1897000 8762

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] and day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Feb 26/97
4. Place of Birth, (Street and Number) 833 N. Carrollton st
5. Full Name of Mother, Mary A Butterfield
6. Mother's Maiden Name, Butler
7. Mother's Birthplace, England
8. Full Name of Father, Eugene Butterfield
9. Father's Occupation Plumber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Preston st

Remarks,

8970008763

Wm. J. C. Dulany Co., City Printers and Stationers.

shall day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 28. 1897
4. *Place of Birth, (Street and Number)*	1111 N Bond St.
5. *Full Name of Mother,*	Mary Margaret Young
6. *Mother's Maiden Name,*	J. Wahl
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Jno. Jos. Young
9. *Father's Occupation*	Merchant Tailor
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	J. A. Hartman M.D.
Address,	113 N Caroline St.
Remarks,	

1897 0008764

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-29-65

RETURN OF A BIRTH.

88866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Warren Le Fevre

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mch. 5. 1891
4. Place of Birth, (Street and Number) 17 pl E. Federal St.
5. Full Name of Mother, Susan A. Le Fevre
6. Mother's Maiden Name, " " Pornwalk
7. Mother's Birthplace, Oxford Penn.
8. Full Name of Father, John C. Le Fevre
9. Father's Occupation Stair builder
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, G. A. Hartman M.D.

Address, 1121 N. Carolina St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970008765

third day of each and every month, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7. 1897
4. Place of Birth, (Street and Number) 515 N. Broadway
5. Full Name of Mother, Marguerite Fink
6. Mother's Maiden Name, " Schmidt
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Edward Chas. Fink
9. Father's Occupation Flour Merchant
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, A. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

8970008766

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible]36.]

[illegible] in the form of a certificate between the first and [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GEORGE A BAUERN ~~SCHUB~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 8/97
4. Place of Birth, (Street and Number) 2019 Keyser St.
5. Full Name of Mother, Mary Bauerschub
6. Mother's Maiden Name, Kalb.
7. Mother's Birthplace, Balt.
8. Full Name of Father, John Bauerschub
9. Father's Occupation Cooper
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, S W Seldner M.D.

Address, 1501 N Wayer St.

Remarks,

54/37 [illegible]

1 8 9 7 0 0 0 8 7 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

...in the form of a certificate between the first and ... the ... of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88869

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 9/97
4. Place of Birth, (Street and Number) 1008 N. Bond St
5. Full Name of Mother, Henrietta A. Sirgle
6. Mother's Maiden Name, Schaufele
7. Mother's Birthplace, Balto.
8. Full Name of Father, Christian Sirgle
9. Father's Occupation Machinist
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, S. W. Selzner M.D.

Address, 1501 E Eager St

Remarks,

8 9 7 0 0 0 8 7 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

GIVEN NAME ADDED 3-24-52

RETURN OF A BIRTH.

88870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Herbert ~~Benedict~~ Millhauser

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10/97
4. *Place of Birth, (Street and Number)* 1035 N Gay St.
5. *Full Name of Mother,* Flora Millhauser
6. *Mother's Maiden Name,* Adler
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Moses Millhouser
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Honesdale Pa.

Name of Medical Attendant, or other person who makes this Return, S. W. Seldner M. D.

Address, 1501 N Gay St

Remarks,

1897000 8769

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 11. 1897
4. Place of Birth, (Street and Number) 1736 N. Chester St.
5. Full Name of Mother, Carolina Byrn
6. Mother's Maiden Name, " Lenn
7. Mother's Birthplace, Baltimd.
8. Full Name of Father, Nathan E. Brooks Byrn
9. Father's Occupation Shipping-Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, G. A. Hartman M.D.

Address, 1121 N. Carolina St.

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1897 0008770

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12/97
4. *Place of Birth, (Street and Number)* 2001 N Lombard St
5. *Full Name of Mother,* Sarah J Stirb
6. *Mother's Maiden Name,* Jelly
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph C Stirb
9. *Father's Occupation* Provision Dealer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, S W Seldner M.D.

Address, 1501 N Eager St

Remarks,

1 8 9 7 0 0 0 8 7 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 12th 97

4. *Place of Birth, (Street and Number)* 2001 E Lombard St.

5. *Full Name of Mother,* Sarah J Stirt

6. *Mother's Maiden Name,* Kelly

7. *Mother's Birthplace,* Balt.

8. *Full Name of Father,* Joseph C Stirt

9. *Father's Occupation* Provision Dealer

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, S. H. Stokes M.D.

Address, 1501 N Luzerne St

Remarks,

1897 00 08772

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 88874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 18th 1897
4. *Place of Birth, (Street and Number)*	509 N Gay St.
5. *Full Name of Mother,*	Elizabeth Baumgfld
6. *Mother's Maiden Name,*	Eubricker
7. *Mother's Birthplace,*	Phila Pa.
8. *Full Name of Father,*	John H Baumgfld
9. *Father's Occupation*	Confectioner
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	S H Stone M.D.
Address,	1511 N Gay St.
Remarks,	

8970008773

shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

88875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female Seventh

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 22 1897
4. *Place of Birth, (Street and Number)* 113 Carroll Ave
5. *Full Name of Mother,* Louise Eisenger
6. *Mother's Maiden Name,* G Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. Eisenger
9. *Father's Occupation* Wood Carver
10. *Father's Birthplace,* Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, J. B. Hart M.D.

Address, Waverly

Remarks,

18970008774

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-8-J-J

RETURN OF A BIRTH.

88876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Howard Mervin Pawley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 22/97
4. Place of Birth, (Street and Number) 415 Alvin Pl
5. Full Name of Mother, Ida Pawley
6. Mother's Maiden Name, Bellew
7. Mother's Birthplace, Delaware
8. Full Name of Father, James Pawley
9. Father's Occupation Post Collector
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. A. Billingslea

Address, 1206 E. Baltimore St

Remarks,

8970008775

shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE AMENDED 11-18-65

GIVEN NAME ADDED

RETURN OF A BIRTH.

88877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Calvin Carney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 23/1897

4. Place of Birth, (Street and Number) 521 N Carrollton Ave

5. Full Name of Mother, Nellie May Carney

6. Mother's Maiden Name, Nellie May Schmidt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Henry Carney

9. Father's Occupation, Commercial Man

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Henry J Evans

Address, N-E - Cor Carey & Fayette St

Remarks,

8970008776

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 23/97

4. Place of Birth, (Street and Number) 1200 E. Hoffman

5. Full Name of Mother, Ella Pittoff

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Pittoff

9. Father's Occupation Clothing Trimmer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M. B. Billingsley

Address, 1206 E. Preston St

Remarks,

84700088777

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88877

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* March 24th/97
4. *Place of Birth, (Street and Number)* 1006 Stile St
5. *Full Name of Mother,* Emily A. Page
6. *Mother's Maiden Name,* " " Junger
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John G. Page
9. *Father's Occupation,* Ice wagon Driver
10. *Father's Birthplace,* Harford Co Md

Name of Medical Attendant, or other person who makes this Return. Howard C Silver

Address, 1427 E. Fayette

Remarks,

8 9 7 0 0 0 8 7 7 8

[illegible] the [illegible] and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] BULANY & CO., CITY PRINTERS AND STATIONERS.

36.]

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-9-56

RETURN OF A BIRTH.

88880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Cunigunda Neubauer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24/97
4. Place of Birth, (Street and Number) 2040 Chew St
5. Full Name of Mother, Maggie Neubauer
6. Mother's Maiden Name, Neubauer
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Neubauer
9. Father's Occupation Bulcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S H Selmer M.D

Address, 154 E Roger St

Remarks,

1 8 9 7 0 0 0 8 7 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alonzo La Rue Commins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 24(?)
4. Place of Birth, (Street and Number) 1217 Exeter St
5. Full Name of Mother, Retta Commins
6. Mother's Maiden Name, Kenyon
7. Mother's Birthplace, Virginia
8. Full Name of Father, M Alonza Commins
9. Father's Occupation Flagman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, M. B. Billingsley

Address, 1206 E Baltimore St

Remarks, [illegible] 10-20-52

8970008780

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and St[illegible]ers.

88882

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 26, 1898
4. Place of Birth, (Street and Number) 631 Ensor St.
5. Full Name of Mother, Margt. K. Brandt
6. Mother's Maiden Name, " " Remaining
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, Julius C. Brandt
9. Father's Occupation Wholesale Retail Liquor Dealer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, J. A. Hartman M.D.

Address, 1121 N. Carolina St.

Remarks,

8 9 7 0 0 0 8 7 8 1

Wm. J. C. Dulaney Co., City Printers and Stationers.

RETURN OF A BIRTH. 85901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1/97
4. Place of Birth, (Street and Number) 1219 Eman St
5. Full Name of Mother, Lena Rosenberger
6. Mother's Maiden Name, Rose
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph H Rosenberger
9. Father's Occupation Carter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Preston St

Remarks,

84700087782

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88902

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 3. 1897
4. Place of Birth (Street and Number)	923 Curley St
5. Full Name of Mother	Mary Jackson
6. Mother's Maiden Name	Mary Andre
7. Mother's Birthplace	Baltimore City, Md.
8. Full Name of Father	Chas. A. Jackson
9. Father's Occupation	Laborer
10. Father's Birthplace	Cecil County, Maryland
Name of Medical Attendant, or other Person who makes this Return.	John H. Rehberger
Address	1709 Alice Anna St.
Remarks	

1 8 9 7 0 0 0 8 7 8 3

...six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Brown Skin
3. *Date of Birth,* April 7th 1897
4. *Place of Birth, (Street and Number)* 221 Shirley St
5. *Full Name of Mother,* Lucinda Marsh
6. *Mother's Maiden Name,* Lucinda Oliver
7. *Mother's Birthplace,* Talbot County Md
8. *Full Name of Father,* John Wesley Marsh
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Anne arundel Co

Name of Medical Attendant, or other person who makes this Return, Annie Forrest

Address, 926 Chase St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1897 00 08784

RETURN OF A BIRTH. 88905

he Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

'd of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
'ate whether male or female)	male
r Color, (if not of the white race)	White
of Birth,	April 10/97
of Birth, (Street and Number)	705 Preston St
Name of Mother,	Anna Littlefield
r's Maiden Name,	Kidd
r's Birthplace,	Woodbury
Name of Father,	Wm Littlefield
r's Occupation	Boilermaker
r's Birthpla[illegible],	Hartford Co
e of Medical Att[illegible]dant, or other person who makes this Return	Dr. B. Be[illegible]
ess,	12.

1897 0008785

RETURN OF A BIRTH.

88909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

I had Mislead Mrs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 23rd 1897
4. *Place of Birth, (Street and Number)* 1047 Guilford ave
5. *Full Name of Mother,* Kate Forrest
6. *Mother's Maiden Name,* " Laragy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm J. Forrest
9. *Father's Occupation* Police Officer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo B Reynolds M.D.

Address, 711 N Calvert St

Remarks,

8970008786

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88910

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

I had Mesbaid [illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male ✓
2. Race or Color, (if not of the white race)
3. Date of Birth, April 2\3rd 1897
4. Place of Birth, (Street and Number) 1016 E Monument
5. Full Name of Mother, Annie Wilson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md
8. Full Name of Father, Edward Wilson
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. B. Reynolds M.D.

Address, 711 N Calvert St

Remarks,

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 7 0 0 0 8 7 8 7

RETURN OF A BIRTH. 88920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 9. 1897
4. *Place of Birth, (Street and Number)*	1638 E. Pratt st.
5. *Full Name of Mother,*	Rosa Hicks
6. *Mother's Maiden Name,*	" Bell
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	J. Ted Hicks
9. *Father's Occupation*	Wholesale Grocer
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	G. A. Hartman M.D.
Address,	1121 N. Caroline St.
Remarks,	

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 12. 1897
4. Place of Birth, (Street and Number) 113 N. Eden st.
5. Full Name of Mother, Daisy Annie Lappish
6. Mother's Maiden Name, " " Kelly
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Henry E. Lappish
9. Father's Occupation Photo-Engraver
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, G. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

8970008789

Wm. J. C. Dulany Co., City Printers and Stationers.

duty of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-26-59

RETURN OF A BIRTH.

88922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Bracken

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19, 1897
4. *Place of Birth, (Street and Number)* 1631 E. Townsend St.
5. *Full Name of Mother,* Mary Ellen Bracken
6. *Mother's Maiden Name,* " " Doyle
7. *Mother's Birthplace,* County Carlow - Ireland
8. *Full Name of Father,* Jno. Jos. Bracken
9. *Father's Occupation* Asst. Supt. Life Ins. Co.
10. *Father's Birthplace,* Holmesburg, Penn.

Name of Medical Attendant, or other person who makes this Return, G. A. Hartman M.D.

Address, 1131 N. Carolina St.

Remarks,

8970008790

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] child day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male - George Thomas Most
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 21/97
4. Place of Birth, (Street and Number) 1202 E Hoffman St
5. Full Name of Mother, Jeanette Most
6. Mother's Maiden Name, Johnson
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Most
9. Father's Occupation Salesman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. B. Billingsley

Address, 1206 E. Preston St

Remarks, Full name added by father. February 2-1937

Jos. A. Most Father. P. E. Wehn Reg.

8970008791

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 11-21-58

RETURN OF A BIRTH.

86924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Kathryn E. Knauff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 25th 1897
4. Place of Birth, (Street and Number) 2708 Parkwood Ave
5. Full Name of Mother, Mary E. Knauff
6. Mother's Maiden Name, " " ~~Strickland~~ Strickland
7. Mother's Birthplace, Penna
8. Full Name of Father, Henry W. Knauff
9. Father's Occupation Dentist
10. Father's Birthplace, Penna

Name of Medical Attendant, or other person who makes this Return, Geo. B. Reynolds M.D.

Address, 711 N. Calvert St

Remarks,

8970008792

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

a 88925
Vol 16
fol 124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colr
3. Date of Birth, Friday May 21st 1897
4. Place of Birth, (Street and Number) 193 N. Duncan Alley, Baltimore Md
5. Full Name of Mother, Georgia V. Haywood
6. Mother's Maiden Name, Georgia V. Pierce
7. Mother's Birthplace, Kent County Md
8. Full Name of Father, William Haywood
9. Father's Occupation, Stationery Engineer
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return, Mrs Mary J Conway

Address, 607 N. Bradford Alley

Remarks, Baby live born & Robust weighing 10 pounds

parents, the date and place of birth and the name of each and every month to the Office of the Commissioner of Health. All such certificate between the first and third day of each month the attendance of a Physician or practitioner of midwifery, or should no other person birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

1 8 9 7 0 0 0 8 7 9 3

RETURN OF A BIRTH. 88936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 1/97
4. *Place of Birth, (Street and Number)* 1703 Holbrook St.
5. *Full Name of Mother,* Francis C Smith
6. *Mother's Maiden Name,* Frantz
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph N. Smith
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr. B. Billingslea

Address, 1206 E. Pratt St.

Remarks,

897U008794

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June the second.
4. *Place of Birth, (Street and Number)* 1405 Stanley St.
5. *Full Name of Mother,* Mrs Ida Craxon.
6. *Mother's Maiden Name,* Miss Ida Bowman.
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Mr. Frank Craxon
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Ann Jones.

Address, 525 North Patterson Park Ave.

Remarks,

1897 00008795

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City; and the shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter. It shall become the duty of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88938

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* June 14th 1897
4. *Place of Birth, (Street and Number)* 506 Duncan Alley
5. *Full Name of Mother,* Carrie Blanch Pinkney
6. *Mother's Maiden Name,* Carrie Pinkney
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Harrison Hutchins
9. *Father's Occupation* Cart Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8970008796

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 19/97

4. Place of Birth, (Street and Number) 1803 Aisquith St

5. Full Name of Mother, Elverta C Lantier

6. Mother's Maiden Name, Slaylor

7. Mother's Birthplace, Balto

8. Full Name of Father, J. W. C Lantier

9. Father's Occupation Saloon

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. B. Billingslea

Address, 1206 E Baltimore St

Remarks,

1897 0008797

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 29/97
4. Place of Birth, (Street and Number) 1911 Mc Elderry st
5. Full Name of Mother, Eva C. Bellon
6. Mother's Maiden Name, Kinzer
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo E. Bellon
9. Father's Occupation Machinist
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E Preston st

Remarks,

1897000 8798

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30. 1894
4. Place of Birth, (Street and Number) 1239 N. Bond st.
5. Full Name of Mother, Mary Regina Barker
6. Mother's Maiden Name, " " Oldham
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Chas. Louis Barker
9. Father's Occupation Motorman
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Carlton st.

Remarks,

1 8 9 7 0 0 0 8 7 9 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

a88942 fol 125 fol 16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) June 23rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* June 23rd 1897
4. *Place of Birth, (Street and Number)* Dunken al. 514
5. *Full Name of Mother,* Mandie Butler
6. *Mother's Maiden Name,* Mandie Dosey
7. *Mother's Birthplace,* Baltimore Md 20
8. *Full Name of Father,* John Tanos Butler
9. *Father's Occupation,* Laboring
10. *Father's Birthplace,* Anaplos

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Dosey

Address, 607 Bradford st

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

1897000 8800

36]

RETURN OF A BIRTH.

~~86408~~ 88960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 11 August 1897
4. Place of Birth, (Street and Number) 1120 Somerset st
5. Full Name of Mother, Cecilia Buttkamer
6. Mother's Maiden Name, = Je Kach
7. Mother's Birthplace, Germ.
8. Full Name of Father, John Buttkamer
9. Father's Occupation ~~butcher~~ Baker
10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 W Central Av.

Remarks,

8970008801

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

~~86402~~
88961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 27 August 1897
4. Place of Birth, (Street and Number) 1508 Wolf st
5. Full Name of Mother, Marie Chase
6. Mother's Maiden Name, = Oneil
7. Mother's Birthplace, Balt.
8. Full Name of Father, Charles Chase
9. Father's Occupation printer
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 W Central Av.

Remarks,

1 8 9 7 0 0 0 8 8 0 2

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH.

~~88401~~ 88962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* ~~Willie~~ 18 August 1897
4. *Place of Birth, (Street and Number)* 1609 Oliver st.
5. *Full Name of Mother,* Marie Weidner
6. *Mother's Maiden Name,* Bolton
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* John Weidner
9. *Father's Occupation* carpenter
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 W Central Av.

Remarks,

8 9 7 0 0 0 8 8 0 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

88968

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 16th 1897
4. Place of Birth, (Street and Number) 1716 Westfield Place
5. Full Name of Mother, Annie Keister
6. Mother's Maiden Name, Annie Baumgardner
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John G. Meister
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mary R. Eastacy

Address, 213 E. Heath St

Remarks, Doing Well

8970008894

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] certificate between the first and [illegible] of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 88964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 11th 1897 ~~839 Sterling St~~
4. *Place of Birth, (Street and Number)* 839 Sterling St
5. *Full Name of Mother,* Rose Hall
6. *Mother's Maiden Name,* Seibold
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Douglas Hall
9. *Father's Occupation* Police Officer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, J W Scarff MD

Address, 14 E Read St

Remarks,

8970008805

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1286.]

RETURN OF A BIRTH. A 88465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Instinct
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	aug. 21st 1897
4. *Place of Birth, (Street and Number)*	1314 Guilford Ave
5. *Full Name of Mother,*	Virginia Bamberger
6. *Mother's Maiden Name,*	Virginia Bird
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Bamberger
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. Josephine Bamberger
Address,	1051 Augusta St
Remarks,	

84/U0008805

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan First 1898
4. *Place of Birth, (Street and Number)*	423 Girard ave
5. *Full Name of Mother,*	Laura Anna Pearson
6. *Mother's Maiden Name,*	" " Ewald
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Henry Pearson
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return,	Annie O'Brien
Address,	902 Greenmount ave
Remarks,	

1897 0008807

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 88972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 1st, 1898
4. Place of Birth, (Street and Number) 532 Patterson Park Ave.
5. Full Name of Mother, Mary Ruley
6. Mother's Maiden Name, Mary Kircher
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Thomas Ruley
9. Father's Occupation Diver
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hospital

Remarks, Baltimore, Md.

1897 00088808

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 88978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 17, (4.45 P. M.).
4. Place of Birth, (Street and Number) 1826 Hanover Street.
5. Full Name of Mother, Ruby Renna.
6. Mother's Maiden Name, Cook.
7. Mother's Birthplace, Page ~~C~~ Iowa.
8. Full Name of Father, Charles Renna.
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaune / for the

Address, Mothers Relief Society / 1412 Eutaw Place

Remarks,

8970008809

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Jan 1st 198
4. *Place of Birth, (Street and Number)* 618 N. Chester Str
5. *Full Name of Mother,* Elizabeth
6. *Mother's Maiden Name,* Rothheimer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Phillip F. Zink
9. *Father's Occupation* Drygood Store
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, 1907 E. Monument Str

Remarks,

1 8 9 7 0 0 0 8 8 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 88975.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 1st 1898
4. *Place of Birth, (Street and Number)*	No 1105 Leadenhall St
5. *Full Name of Mother,*	Lizzie Kinsley
6. *Mother's Maiden Name,*	Lizzie Sherlock
7. *Mother's Birthplace,*	Balto, Md.
8. *Full Name of Father,*	Wm Kinsley
9. *Father's Occupation*	Coal Dealer
10. *Father's Birthplace,*	Balto, Md.
Name of Medical Attendant, or other person who makes this Return,	Maggie A. Wilkinson
Address,	No 14 W. Cross St.
Remarks,	

8 9 7 U 0 0 0 8 8 1 1 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 88976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 1st 1898.
4. Place of Birth, (Street and Number) No 1019 E. Carrollton Ave,
5. Full Name of Mother, Maggie J. Springer
6. Mother's Maiden Name, " " White
7. Mother's Birthplace, Maryland
8. Full Name of Father, Lewis G. Springer
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore - Md.

Name of Medical Attendant, or other person who makes this Return J. Ridgely Hammond M. D.

Address, No 502 E. Carey St.

Remarks,

8 9 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-16-56

88977

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thelma Leola Rigdon

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, January 1898
4. Place of Birth, (Street and Number) 1405 West Lafayette Avenue
5. Full Name of Mother, Mrs Bertha Rigdon
6. Mother's Maiden Name, Miss Bertha Spaks
7. Mother's Birthplace, West River Maryland
8. Full Name of Father, Mr. Arthur P. Rigdon
9. Father's Occupation, Insurance Agent
10. Father's Birthplace, Calverton Maryland

Name of Medical Attendant, or other person who makes this Return. A. L. Hodgson M.D.

Address, 1235 West Lafayette Avenue

Remarks,

1897000881 3

BULANY & CO., CITY PRINTERS AND STATIONERS.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, 1 January 1898
4. Place of Birth, (Street and Number) 601 Collett st
5. Full Name of Mother, Mary E Bailey
6. Mother's Maiden Name, Mary E Johnson
7. Mother's Birthplace, Calvert Co
8. Full Name of Father, Samuel Bailey
9. Father's Occupation fireman on boat
10. Father's Birthplace, Salbery MD

Name of Medical Attendant, or other person who makes this Return, Sarah Rollings

Address, 1610 Vincent st

Remarks,

1 8 9 7 0 0 0 8 8 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

88979

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Color.
3. Date of Birth, January th, 1898.
4. Place of Birth, (Street and Number) 1358 Carroll St Balt City
5. Full Name of Mother, Mary Parham.
6. Mother's Maiden Name, Mary Harris.
7. Mother's Birthplace, Annarandle Co.
8. Full Name of Father, Thomas E Parham.
9. Father's Occupation, Hard Laber.
10. Father's Birthplace, Sussex Co Va.

Name of Medical Attendant, or other person who makes this Return, Harkes Jane Gary.

Address, 856 Stockholm St

Remarks, //

1 8 9 7 0 0 0 8 8 1 5

Until day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

3.]

practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

duly signed by the
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1. January.
4. *Place of Birth, (Street and Number)* 217. Washington St.
5. *Full Name of Mother,* Caroline Winterling.
6. *Mother's Maiden Name,* Caroline Geeb.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Leon Winterling
9. *Father's Occupation* Tailor.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mary Glass.

Address, 19. Mr. Wolfe St.

Remarks,

8970008816

Wm. J. C. Dulany Co., City Printers and Stationers.

58981

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 1st 1918.
4. Place of Birth, (Street and Number) 1820 Lorman St.
5. Full Name of Mother, Leona J. Gith
6. Mother's Maiden Name, Matthews.
7. Mother's Birthplace, Wm. Va.
8. Full Name of Father, Geo. W. Gith
9. Father's Occupation, Tailor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address,

Remarks,

8970008817

Wm J C Dulany Co., City Printers and Stationers.

[illegible] without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH.

88962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1 Januar 1898.
4. *Place of Birth, (Street and Number)* 1444 Towson st.
5. *Full Name of Mother,* Ida Jeanette Fischer
6. *Mother's Maiden Name,* " " Blackwell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Fischer
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Rudolf Mahone

Address, 1331 Hull st. Locust. Point.

Remarks,

8 9 7 0 0 0 8 8 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236]

RETURN OF A BIRTH. 88963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 1
4. Place of Birth, (Street and Number) 1425 Federal st
5. Full Name of Mother, Adeline Graham
6. Mother's Maiden Name, = Thermann
7. Mother's Birthplace, Balt.
8. Full Name of Father, Benjamin Graham
9. Father's Occupation machinist
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N Ent Av.

Remarks,

8970008819

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236]

RETURN OF A BIRTH.

88984

NAME CHANGED BY COURT ORDER 8-25-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edward ~~Dorman~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1 January 1898
4. *Place of Birth, (Street and Number)* 1829 Oliver St.
5. *Full Name of Mother,* Emilie (~~Dombrovoshy~~ Dorman)
6. *Mother's Maiden Name,* – Blum
7. *Mother's Birthplace,* Germanie
8. *Full Name of Father,* Franz (~~Dombrovoshy~~ Dorman)
9. *Father's Occupation* – Carpenter
10. *Father's Birthplace,* Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N Cent Av.

Remarks,

1 8 9 7 0 0 0 8 8 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88985

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 1st.
4. Place of Birth, (Street and Number) 1514 Thames St.
5. Full Name of Mother, Maggie Sisek
6. Mother's Maiden Name, Kostelnak
7. Mother's Birthplace, Pole
8. Full Name of Father, Barthomay Sisek
9. Father's Occupation Work-man
10. Father's Birthplace, Pole.

Name of Medical Attendant, or other person who makes this Return, Mary Pretl.

Address, 838 S. Bond St.

Remarks,

8 9 7 0 0 0 8 8 2 1

[illegible] and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 1st 1898
4. *Place of Birth, (Street and Number)* 206 S. High St.
5. *Full Name of Mother,* Rosie Jaffe
6. *Mother's Maiden Name,* Rosie Jacobson
7. *Mother's Birthplace,* Lotata Russ.
8. *Full Name of Father,* Benny Jaffe
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Pocro Russ

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address, 1022 E. Lombard St

Remarks,

1897 0 0 0 8 8 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery. In case the birth of any child shall occur every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter fail to report its birth to the Commissioner of Health, in the manner and within the period above required, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8598

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 1 st '98
4. Place of Birth, (Street and Number) 1235 E. Caroline St.
5. Full Name of Mother, E. Newman
6. Mother's Maiden Name, E. Katsan
7. Mother's Birthplace, Rasane Russ
8. Full Name of Father, A. Newman
9. Father's Occupation Store Keeper
10. Father's Birthplace, Rasane Russ

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address, 1023 E. Lombard St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970008823

RETURN OF A BIRTH

RETURN OF A BIRTH. 38988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 1 98
4. *Place of Birth, (Street and Number)*	1718 W. Fayette
5. *Full Name of Mother,*	Mary Eckhardt
6. *Mother's Maiden Name,*	" Tschudin
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	John A. Eckhardt
9. *Father's Occupation*	Piano Maker
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return,	Wm B. Rider
Address,	867 Harlem Ave.
Remarks,	

1897 00 38824

Wm. J. C. Dulany Co., City Printers and Stationers.

236

RETURN OF A BIRTH.

18889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child 1898
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1 January
4. *Place of Birth, (Street and Number)*	Durst Alley 1221
5. *Full Name of Mother,*	Maggie Wroten
6. *Mother's Maiden Name,*	Maggie Kelly
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Howard Wroten
9. *Father's Occupation*	Canmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	1828 Light St
Remarks,	Daing Well

8970008825

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 55990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	1 January
4. Place of Birth, (Street and Number)	1938 S Hanover St
5. Full Name of Mother,	Jenie Benson
6. Mother's Maiden Name,	Jenie Smith
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Henry Benson
9. Father's Occupation	Carpenter
10. Father's Birthplace,	Fredricks City MD
Name of Medical Attendant, or other person who makes this Return,	Mrs Edgar Brooks
Address,	1828 Light St
Remarks,	Viking Mill

1 8 9 7 0 0 0 8 8 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

$5994

1. Sex, Female No. of Child of Mother, 1
2. Race or Color, White
3. Date, Jan 1st
4. Place of Birth, 1501 W. Baltimore St
5. Full Name of Mother, Kate Shwalski
6. Mother's Maiden Name, " Wolle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Wolle
9. Father's Occupation, Barber
10. Father's Birthplace, Balto

Mrs. M. Harrison
412 Scott St

18970008827

RETURN OF A BIRTH.

88992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 1 AD 1898
4. *Place of Birth, (Street and Number)* 817 Chapel St.
5. *Full Name of Mother,* Katie Klima
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Frank Klima
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Kefelsch

Address, 205 N Washington St

Remarks,

18970008828

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] occur without the attendance of a physician or practioner of midwifery, or should no other person be in [illegible] the Commissioner of Health. In case the birth of any child [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 1st 1899
4. *Place of Birth, (Street and Number)* 2311 Jefferson Ct.
5. *Full Name of Mother,* Mary Fruka
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Joseph Fruka
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Boheimann

Name of Medical Attendant, or other person who makes this Return, Mary Koplisto

Address, 205 N Washington St

Remarks,

1897U008829

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-29-49

36.]

RETURN OF A BIRTH.

88994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ethel Netta Kres

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 1, 1898
4. *Place of Birth, (Street and Number)* 301 Raddyers Ave
5. *Full Name of Mother,* Bettie ~~Kress~~ Kres
6. *Mother's Maiden Name,* Riddel
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isedor ~~Kress~~ Kres
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, R. Fineburg

Address, 25 Lloyd St

Remarks,

8970008830

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] and place of birth; and the [illegible] practitioner in the form of a certificate between the first and [illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

88796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st of January 96
4. *Place of Birth, (Street and Number)*	2008 Christian St
5. *Full Name of Mother,*	Kathe Eisenberg
6. *Mother's Maiden Name,*	Kathe Saphir
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Samuel Eisenberg
9. *Father's Occupation*	Schoemaker
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Kenter Midwife
Address,	2116 W Pratt St
Remarks,	

1897 U 0088831

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

5.]

RETURN OF A BIRTH. 88996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 1st 1898
4. Place of Birth, (Street and Number) 506 Asquith St
5. Full Name of Mother, Fina Katz
6. Mother's Maiden Name, " Cohen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Benjamin Katz
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherman,

Address, 42 Albemarle st.

Remarks,

+ 8 9 7 0 0 0 8 8 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

over

88997

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Catharine Lemke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 1/98
4. Place of Birth, (Street and Number) 1813 Eastern Ave.
5. Full Name of Mother, Annie Lemke
6. Mother's Maiden Name, " (Haldorf) Holdorf
7. Mother's Birthplace, Balto.
8. Full Name of Father, Benjamin Lemke
9. Father's Occupation Laberer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

1 8 9 7 0 0 0 8 8 3 3

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 88998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 1/98

4. Place of Birth, (Street and Number) 1231 E. Monument St.

5. Full Name of Mother, Mina Bickel

6. Mother's Maiden Name, " Freeman

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Bickel

9. Father's Occupation Clerk

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disruholer

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

1897 U 0088834

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 2/98
4. Place of Birth, (Street and Number) 2230 Jefferson St.
5. Full Name of Mother, Katie Krebs
6. Mother's Maiden Name, Heise
7. Mother's Birthplace, Balto.
8. Full Name of Father, Louis Krebs
9. Father's Occupation Conductor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Busenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

1897000088 35

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236

RETURN OF A BIRTH. 89000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 2nd 98
4. *Place of Birth, (Street and Number)* 114 W. 23rd
5. *Full Name of Mother,* Helen King
6. *Mother's Maiden Name,* Boyl
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Jos. King
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Haughton Boyle M.D.

Address, 301 E 22nd St

Remarks,

8970008836

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, Jan 2nd, 1898.

4. Place of Birth, (Street and Number) 1704 Millinan St.

5. Full Name of Mother, Elizabeth Hall

6. Mother's Maiden Name, Elizabeth Blake

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Hall

9. Father's Occupation Oysterman

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peterz M.D.

Address, Johns Hopkins Hosp, Baltimore, Md.

Remarks,

1897000088 37

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89012

over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph (Kulas) Collins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 third

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2 January 1898.
4. Place of Birth, (Street and Number) Cannon St 804
5. Full Name of Mother, Marie ~~Kulas~~ (Kulas)
6. Mother's Maiden Name, " Kaschack
7. Mother's Birthplace, Germany
8. Full Name of Father, Stefan ~~Kulas~~ Kulas
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Pauline Leiseman

Address, No. 1107 Chesapeake St.

Remarks, none

1897 0008838

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6.j

GIVEN NAME ADDED 4-5-61

RETURN OF A BIRTH.

89008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: David Lee Foard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 21 Jan ~~1897~~ 1898
4. Place of Birth, (Street and Number) 1530 Riverside ave
5. Full Name of Mother, Margarett Foard
6. Mother's Maiden Name, Hammond
7. Mother's Birthplace, Baltimore
8. Full Name of Father, David Foard
9. Father's Occupation Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agnell

Address, 650 E Fort ave

Remarks,

shall occur without the attendance of a physician or practioner of midwifery, in the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

+ 8 9 7 U 0 0 8 8 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 2nd 1898
4. Place of Birth, (Street and Number) 1330. S. Charles. St
5. Full Name of Mother, Rosalie. Fisher
6. Mother's Maiden Name, Rosalie. Fost
7. Mother's Birthplace, Howard. county. md
8. Full Name of Father, Charles. F. Fisher
9. Father's Occupation Mecanic
10. Father's Birthplace, Norfolk. va

Name of Medical Attendant, or other person who makes this Return Ellennora. a. anderson

Address, 1434. Patapsco. St

Remarks,

8970008840

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 2 1898
4. *Place of Birth, (Street and Number)* 821 Lauth Point St
5. *Full Name of Mother,* Mary E Burnhart
6. *Mother's Maiden Name,* Mary E Over
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry Burnhart
9. *Father's Occupation* Oyster Measure
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Margaret Magness

Address, 434 Philadelphia road Oxford Balt Co

Remarks,

1 8 9 7 0 0 0 8 8 4 1

Wm. J. C. Dulany Co., City Printers and Stationers

[illegible] every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Jan 2nd 1898
4. *Place of Birth, (Street and Number)* 1508 E. Fairmount St
5. *Full Name of Mother,* Katie M. Cartright
6. *Mother's Maiden Name,* Katie McManus
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Mitchell Cartright
9. *Father's Occupation* Reporter Baltimore "Sun"
10. *Father's Birthplace,* Ellicott City Md

Name of Medical Attendant, or other person who makes this Return, Edmund Spicer M.D.

Address, 316 E. North Ave

Remarks,

1897 00088842

Wm. J. C. Dulany Co., City Printers and Stationers.

...ge of the Commissioner of Health. In case the birth of any child ...dan or practicer of midwifery, or should no other person be in ...eafter it shall become the duty of the person or parents of such ...Health, in the manner and within the period above required, and ...fail to comply with the provisions of this section shall be sub... ...uce, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan. 2. 1898.
4. Place of Birth, (Street and Number) 604 Saratoga Str.
5. Full Name of Mother, Sarah Gant.
6. Mother's Maiden Name, Stepter
7. Mother's Birthplace, Va.
8. Full Name of Father, John Gant
9. Father's Occupation Stevedore
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Hannah Hatchett.

Address, 609 Campbell St.

Remarks,

shall occur without the attendance of a physician or practioner of midwifery, in case the birth of any child attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 7 0 0 0 8 8 4 3

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RETURN OF A BIRTH. 89008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 2/98
4. *Place of Birth, (Street and Number)* 923 Fenton st
5. *Full Name of Mother,* Mary Durkin
6. *Mother's Maiden Name,* A Higgins
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas Durkin
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs O'Hayer

Address, 924 Hawkins st

Remarks,

8 9 7 U 0 0 8 8 4 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6.]

RETURN OF A BIRTH. 89009

GIVEN NAME ADDED. 2-13-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Magdelena Branzell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 2nd 1898.
4. *Place of Birth, (Street and Number)* #324 Bond St.
5. *Full Name of Mother,* Mollie Branzell.
6. *Mother's Maiden Name,* Mollie Backenberg.
7. *Mother's Birthplace,* Galts.
8. *Full Name of Father,* James Branzell.
9. *Father's Occupation* Can Maker.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor.

Address, # 611 S. Patterson Pk. Ave.

Remarks,

8970008845

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 1-25-55

RETURN OF A BIRTH.

89070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Earl J. Haslup

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan. 2. 1898
4. *Place of Birth, (Street and Number)* 102 Barney st.
5. *Full Name of Mother,* Annie Haslup
6. *Mother's Maiden Name,* Cassell
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* James L. Haslup
9. *Father's Occupation* labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

8 9 7 0 0 0 8 8 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 25. 1898.
4. *Place of Birth, (Street and Number)* 511 Bowne Street
5. *Full Name of Mother,* Mrs William H. Dykes
6. *Mother's Maiden Name,* Bertie Stine
7. *Mother's Birthplace,* Bremen, Germany
8. *Full Name of Father,* William H Dykes
9. *Father's Occupation* Conductor on Ry
10. *Father's Birthplace,* Norfolk Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs Butler.

Address, 208 Myrtle Avenue - City.

Remarks, Mother and child getting along very nicely.

8 9 7 0 0 0 8 8 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

8902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-½
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 2. 1898
4. *Place of Birth, (Street and Number)*	1023 Light St.
5. *Full Name of Mother,*	Katie Henkel
6. *Mother's Maiden Name,*	Katie Schurr
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Wm C. Henkel
9. *Father's Occupation*	Plumber
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	H W Leonards MD
Address,	#1017 S Charles St.
Remarks,	

8 9 7 0 0 0 8 8 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 2nd 1898
4. *Place of Birth, (Street and Number)*	818 Willow St
5. *Full Name of Mother,*	Rose Schrisp Callahan
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	George Schrisp
9. *Father's Occupation*	Wood Carver
10. *Father's Birthplace,*	Pittsburg Pa
Name of Medical Attendant, or other person who makes this Return,	Annie OBrien
Address,	902 Greenmount ave
Remarks,	

1897 U 0088849

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 2 of January 1898
4. Place of Birth, (Street and Number) No 1718 Somerset St
5. Full Name of Mother, Annie Wagner
6. Mother's Maiden Name, Annie Vomastek
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Anton Wagner
9. Father's Occupation, Labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Ch. Lauer

Address, No 1059 Harford Ave

Remarks, Bal. Md

1897

8 9 1 0 0 0 8 8 5 0

Wm J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89015

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 2nd 1898
4. Place of Birth, (Street and Number) 1209 Hare St
5. Full Name of Mother, Katie Šimunek
6. Mother's Maiden Name, Kovařik
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Joseph Šimunek
9. Father's Occupation Work-man
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 838 S. Bond St.

Remarks,

8 9 7 0 0 0 8 8 5 1

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 2nd.
4. Place of Birth, (Street and Number) 1602 Lancaster St.
5. Full Name of Mother, Frances Kalinowsky
6. Mother's Maiden Name, Kajstlicka
7. Mother's Birthplace, Pole
8. Full Name of Father, John Kalinowsky
9. Father's Occupation Tailor
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 638 S. Bond Street.

Remarks,

1897 0008852

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

(xx) 89017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: IDA BRESSNER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 2nd. '98
4. Place of Birth, (Street and Number) 1121 E. Pratt St.
5. Full Name of Mother, Sarah (Brasnic) BRESSNER
6. Mother's Maiden Name, Sarah Berman
7. Mother's Birthplace, Bardichive Rus.
8. Full Name of Father, Hyman (Brasnic) BRESSNER
9. Father's Occupation Tailor
10. Father's Birthplace, Bardichive Rus.

Name of Medical Attendant, or other person who makes this Return, Yetta Klawansky

Address, 1022 E. Lombard St.

Remarks,

8970008853

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

89018

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 2nd 1898
4. Place of Birth, (Street and Number) 111 S Granby st.
5. Full Name of Mother, Maggie Tivvies
6. Mother's Maiden Name, [illegible] Cavanaugh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Tivvies
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City P[illegible]

CERTIFICATE CORRECTED 11-15-56

RETURN OF A BIRTH.

89019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Agnes Myrtle Spies 5th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 2nd 1898
4. Place of Birth, (Street and Number) 332 S. Smallwood St.
5. Full Name of Mother, Nettie ~~Spies~~ Spies
6. Mother's Maiden Name, Nettie Leffeh.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jno M. ~~Spies~~ Spies
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Lewis & Sundry M.D.

Address, 917 Frederick Ave Eth

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970008855

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3rd Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Jan 2nd 1898~~

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 2nd 1898
4. *Place of Birth, (Street and Number)* 1340 North avenue
5. *Full Name of Mother,* Florence Littell Calvert
6. *Mother's Maiden Name,* Florence Littell Crowther
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Robt Neal Calvert
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Anne Arundel Co

Name of Medical Attendant, or other person who makes this Return, Amanda Taylor Norris M.D.

Address, 1123 McCulloh St

Remarks,

8970008856

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 1-25-51

RETURN OF A BIRTH. 89021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Victor John Morris	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child 1878
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	2 January
4. Place of Birth, (Street and Number)	1447 Baltimore Avenue
5. Full Name of Mother,	Catherine Katie Harris
6. Mother's Maiden Name,	" Katie Manning Mannion
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Patrick Patrick W. Harris
9. Father's Occupation	Engineer, B & P RR Engineer Be
10. Father's Birthplace,	Fredericksburg
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	1828 Light St
Remarks,	Dairy Mill

1897U008857

Wm. J. C. Dulany Co., City Printers and Stationers.

89022

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 2 1898
4. Place of Birth, (Street and Number) 2400 Fayette St.
5. Full Name of Mother, Anne Bappold
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Bappold
9. Father's Occupation Taylor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Koplish

Address, 205 N Washington St

Remarks,

8970008858

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 2 th 1898
4. *Place of Birth, (Street and Number)* 206 Montford Ave
5. *Full Name of Mother,* Sofie Dojas
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Andy Dojas
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Kepler

Address, 265 W. Washington St

Remarks,

8970008859

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 89024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Baugher ~~Ward~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 2, 1898
4. Place of Birth, (Street and Number) 2555 Francis St.
5. Full Name of Mother, Phebe C. Ward
6. Mother's Maiden Name, Klinefelter
7. Mother's Birthplace, Shewsbury, Pa.
8. Full Name of Father, Dietrich Conrad Weaver Ward
9. Father's Occupation Book-keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John Hood

Address, 16 S. Gilmor St.

Remarks, Breech presentation - Large fine boy.

GIVEN NAME ADDED 3-5-53

18970008860

Wm. J. C. Dulany Co., City Printers and Stationers.

286.]

RETURN OF A BIRTH. 89026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 2 — 1898
4. Place of Birth, (Street and Number) 40 E. Eden St.
5. Full Name of Mother, Ada Virginia Lauman Brown
6. Mother's Maiden Name, Battyond
7. Mother's Birthplace, Henry Weitel Lauman
8. Full Name of Father, Laborer
9. Father's Occupation Baltimore
10. Father's Birthplace, Mary Stein

Name of Medical Attendant, or other person who makes this Return,

Address, 1427 E Pratt St.

Remarks,

84700083861

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2 of January
4. *Place of Birth, (Street and Number)*	908 Castle st.
5. *Full Name of Mother,*	Annie Mavrinec
6. *Mother's Maiden Name,*	Annie Lepek
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	John Mavrinec
9. *Father's Occupation*	Thailor
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return,	Luise Svatora
Address,	1810 Durham str.
Remarks,	

1897U0088862

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

89027 (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Howard Frederick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 2.
4. Place of Birth, (Street and Number) 138 W. Cross St. Balto
5. Full Name of Mother, Florence Hartman
6. Mother's Maiden Name, Florence Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Hartman
9. Father's Occupation Shoe Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Cook Street

Remarks,

8970008863

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

89028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 January 1898.
4. *Place of Birth, (Street and Number)* 503 West Street
5. *Full Name of Mother,* Mary Kattigan
6. *Mother's Maiden Name,* Mary Femming
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Kattigan
9. *Father's Occupation* Labor.
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Bange.

Address, 74 Cross Street

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970008864

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89029

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 2- 1898

4. Place of Birth, (Street and Number) Johns Hopkins Hospital

5. Full Name of Mother, Mamie Dukes

6. Mother's Maiden Name, "

7. Mother's Birthplace, Maryland

8. Full Name of Father, William Cook

9. Father's Occupation Engineer

10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Geo. W. DeVilliers

Address, The Johns Hopkins Hospital.

Remarks,

1897000 8865

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Third of January 1898

4. Place of Birth, (Street and Number) No 1111 East avenue Hamburg

5. Full Name of Mother, Anna Bertha Wolf

6. Mother's Maiden Name, Anna Bertha Wolf

7. Mother's Birthplace, Germany

8. Full Name of Father, Geo John Wolf

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore County Maryland

Name of Medical Attendant, or other person who makes this Return, P Siersemann

Address, No. 1107. Chesapeake St.

Remarks, none

8970008866

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Jan 3rd. 1898
4. Place of Birth, (Street and Number) 122 Rogers Ave.
5. Full Name of Mother, Mary Bryan
6. Mother's Maiden Name, Mary Pack
7. Mother's Birthplace, St. Marys Co, Md.
8. Full Name of Father, Jos. Bryan
9. Father's Occupation Barber
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M. D.

Address, Johns Hopkins Hosp.
Baltimore Md.

Remarks,

18970008867

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6]

RETURN OF A BIRTH. 89032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 9th 1898

4. Place of Birth, (Street and Number) Baltimore Dist # 1829 West Balto

5. Full Name of Mother, Lucy E Cohen

6. Mother's Maiden Name, " L. Bowles

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Richard L Cohen

9. Father's Occupation Officer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Fleming

Address, # 414 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well

1897000088 68

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, Jan. 3rd. 1898

4. Place of Birth, (Street and Number) 428 Register St.

5. Full Name of Mother, Rosetta Ford

6. Mother's Maiden Name, Rosetta Bedford

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, George Alexander Ford

9. Father's Occupation Laborer

10. Father's Birthplace, St. Mary's County, Md

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.
Baltimore, Md.

Remarks,

8970008869

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 3d 1898
4. *Place of Birth, (Street and Number)* 35. Barney. St
5. *Full Name of Mother,* Sophia. Smith
6. *Mother's Maiden Name,* Sophia. Fikeys
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Roland. Smith
9. *Father's Occupation* Brakeman. B & O. R R
10. *Father's Birthplace,* Sandy. Hook. md

Name of Medical Attendant, or other person who makes this Return, Ellennora. a. anderson

Address, 1434. Patapsco. St

Remarks,

1 8 9 7 0 0 0 8 8 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-28-56 89036

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Martha Rosetta Herman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 3, 1898
4. Place of Birth, (Street and Number) 717 Lanvale St - West
5. Full Name of Mother, Mrs. Ella Herman
6. Mother's Maiden Name, Ella Anthony
7. Mother's Birthplace, Maryland
8. Full Name of Father, John G. Herman
9. Father's Occupation Book-keeper
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, P. Eugene Craig M. D.

Address, 530 N. Arlington ave.

Remarks,

8970008871

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 3 1898
4. *Place of Birth, (Street and Number)* 5 Barney st
5. *Full Name of Mother,* Barbry Haber
6. *Mother's Maiden Name,* Barbry Baelens
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Haber
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace,* Germaney

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

1 8 9 7 0 0 0 8 8 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 8403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 3 1898
4. Place of Birth, (Street and Number) No 305 Fredrick road
5. Full Name of Mother, Carrie Fiders
6. Mother's Maiden Name, Gladmon
7. Mother's Birthplace, Ellicott City Balto Co
8. Full Name of Father, William
9. Father's Occupation Blacksmith
10. Father's Birthplace, Balto County Md

Name of Medical Attendant, or other person who makes this Return, Mrs Alice Blum

Address, Color St near Dorsey Lane

Remarks,

1897U008873

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4—

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored —
3. *Date of Birth,* Jan. 3d 1898
4. *Place of Birth, (Street and Number)* 215 Jasper St
5. *Full Name of Mother,* Ida Calbert
6. *Mother's Maiden Name,* " Lake.
7. *Mother's Birthplace,* Eastern Shore Md.
8. *Full Name of Father,* Amos Calbert
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, W. B. Hawkins

Address, 509. W Saratoga St

Remarks,

8 9 7 0 0 0 8 8 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

36]

RETURN OF A BIRTH. 89609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Marie ~~Anna~~ Deppisch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 3 January 1123 Madison st
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Margaret ~~(Magie)~~ ~~(Depisch)~~ Deppisch
6. Mother's Maiden Name, Thuber
7. Mother's Birthplace, Balt.
8. Full Name of Father, Louis ~~(Depisch)~~ Deppisch
9. Father's Occupation ~~Balt~~ taylor
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return Anna Walter

Address, 928 W Cut Av.

Remarks,

1 8 9 7 0 0 0 8 8 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 2nd '98
4. Place of Birth, (Street and Number) 916 Granby St.
5. Full Name of Mother, Sarie Dubofsky
6. Mother's Maiden Name, Sarie Raje
7. Mother's Birthplace, Salock Russ
8. Full Name of Father, Harris Dubofsky
9. Father's Occupation Tailor
10. Father's Birthplace, Salock Russ

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address, 1022 E. Lombard St.

Remarks,

84700088876

Wm. J. C. Dulany Co., City Printers and Stationers.

CITIZEN NAME ADDED 8-26-55

89641

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eda Worthington Beckett

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 3rd 1898.
4. Place of Birth, (Street and Number) 143 N. Wilton Avenue
5. Full Name of Mother, Helen Snackerboss Beckett
6. Mother's Maiden Name, Helen E Snackerboss
7. Mother's Birthplace, New Jersey
8. Full Name of Father, Caleb E. Beckett
9. Father's Occupation, Physical Director
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Charles H. Thomas, M.D.

Address, 1312 N. Charles Street

Remarks,

8970008877

Wm J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89042

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 3. 1898
4. Place of Birth (Street and Number)	929 Hollins St.
5. Full Name of Mother	Anita Griffin Quinn
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Balto
8. Full Name of Father	Owen Quinn
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	L. D. Robertson
Address	1214 Linden Ave
Remarks	

1897U008878

890218

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 31 1898
4. Place of Birth, (Street and Number) 707 S. Preston St
5. Full Name of Mother, Virginia Briscoe
6. Mother's Maiden Name, West
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Briscoe
9. Father's Occupation Printer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm Pearce

Address, 1238 Gilmore Ave

Remarks,

8 9 7 0 0 0 3 8 7 9

Wm. J. C. Dulany Co., City Printers and Stationers

[illegible] of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6.]

[illegible] the first and [illegible] every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

890424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 3 1898
4. *Place of Birth, (Street and Number)* [illegible] Wiley
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* Baltimore County
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Robert F. Wiley
9. *Father's Occupation* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, Martha E. King

Address, 575 Hickory Ave

Remarks, Hampden, Balto. Md.

1897000888 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89046

GIVEN NAME ADDED 10-21-60

To the Office of Registrar of ~~Vital~~ Statistics, Board of Health, Baltimore City.

Harry W. Beck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 3 1898
4. Place of Birth, (Street and Number) 2206 Jefferson St.
5. Full Name of Mother, Mary Beck
6. Mother's Maiden Name, Dashinger
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Beck
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8 9 7 0 0 0 8 8 8 1

236]

RETURN OF A BIRTH.

89646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) ~~Colored~~ Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 3 th 1898
4. Place of Birth, (Street and Number) 569 Upford St
5. Full Name of Mother, Martha Johnson
6. Mother's Maiden Name, Martha Degree
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Robert Johnson
9. Father's Occupation Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Hester Cotana

Address, 509 Preston St

Remarks,

8970008882

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 3, 1898
4. *Place of Birth, (Street and Number)* 1028 Riverside Ave
5. *Full Name of Mother,* Sadie K. Hubbard
6. *Mother's Maiden Name,* Sadie Williams
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry C. Hubbard
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jn. R. Casky

Address, 2136 Health St

Remarks, Long Well

8970008883

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89048

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 3, 1898
4. Place of Birth, (Street and Number) 800 Canton St.
5. Full Name of Mother, Ida Fisher
6. Mother's Maiden Name, Ida Ensor
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Fisher
9. Father's Occupation Moulder
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

1 8 9 7 0 0 0 8 8 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan. 3. 1898. 4.30 A. M.
4. *Place of Birth, (Street and Number)* 525 Robert St
5. *Full Name of Mother,* Anna M. Miller
6. *Mother's Maiden Name,* Harris
7. *Mother's Birthplace,* Md. ~~Levi R. Miller~~
8. *Full Name of Father,* Levi R. Miller
9. *Father's Occupation* Chemist
10. *Father's Birthplace,* Penna.

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Ave.

Remarks,

1897 0008885

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 3. 1898.
4. *Place of Birth, (Street and Number)* 902 E. Pratt St.
5. *Full Name of Mother,* Beckie Blumbergs.
6. *Mother's Maiden Name,* " Rudenick
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Herman Blumberg
9. *Father's Occupation* Cigarmaker.
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Ed. Scherman

Address, 42 Allendale St.

Remarks,

8970008886

Wm. J. C. Dulany Co., City Printers and Stationers.

89057

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) January 3
3. Date of Birth, Baltimore City 1257 Glendon Ave
4. Place of Birth, (Street and Number) Julia May Newton
5. Full Name of Mother, Julia May S. With
6. Mother's Maiden Name, Baltimore City
7. Mother's Birthplace, Howard Harrison Newton
8. Full Name of Father, Painter
9. Father's Occupation Baltimore City
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mrs Barge

Address, 711 Cross Street

Remarks,

1 8 9 7 0 0 0 8 8 8 7

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6.]

RETURN OF A BIRTH. 89052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 4/98
4. *Place of Birth, (Street and Number)* 318 Nu Fremont ave
5. *Full Name of Mother,* Ella Yocle
6. *Mother's Maiden Name,* " Hunnbart
7. *Mother's Birthplace,* Carrol Co Md
8. *Full Name of Father,* Alexander F Yocle
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs O Thayer

Address, 524 Hollins St

Remarks,

1897 0008888

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Jan 4 98
4. *Place of Birth, (Street and Number)* Md Genl Hosp
5. *Full Name of Mother,* Laura Brown
6. *Mother's Maiden Name,* " Moses
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Jas Brown
9. *Father's Occupation* Stratton Pa. from mother
10. *Father's Birthplace,* Pa.

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md Genl Hosp

Remarks,

1 8 9 7 0 0 0 8 8 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH.

89054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4th Jan 1898
4. *Place of Birth, (Street and Number)* 221 Grindall St
5. *Full Name of Mother,* Gertrude Towers
6. *Mother's Maiden Name,* Seymore
7. *Mother's Birthplace,* Talbot Co Md
8. *Full Name of Father,* Jessie Towers
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Talbot Co Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 650 E Fort ave

Remarks,

8970008890

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~state whether~~ male ~~or female~~)
2. *Race or Color,* (~~if not of the~~ white ~~race~~)
3. *Date of Birth,* Jan 4 1898 – 9 P.M.
4. *Place of Birth,* (*Street and Number*) 230 North Green St
5. *Full Name of Mother,* Lillian A. Cox
6. *Mother's Maiden Name,* " " Ehenhack
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Seba A. Cox
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Alexander Shertzer M.D.

Address, 28 W. Preston St

Remarks,

8970008891

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-19-57

RETURN OF A BIRTH.

89056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Robert ~~William~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 4 98
4. Place of Birth, (Street and Number) Garrett doe 1402
5. Full Name of Mother, Anna Waechtler
6. Mother's Maiden Name, Babicon
7. Mother's Birthplace, Lehe Bremen
8. Full Name of Father, Robert Waechtler
9. Father's Occupation Stevedore
10. Father's Birthplace, Reichenbach - Sachsen

Name of Medical Attendant, or other person who makes this Return, Johanna Jonske

Address, Garrett doe 1369

Remarks,

8970008892

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 4th.
4. *Place of Birth, (Street and Number)* 25 S. Bond St.
5. *Full Name of Mother,* Annie Buenger
6. *Mother's Maiden Name,* Clements
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Buenger
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 838 S. Bond St.

Remarks,

8970008893

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 4th 1898
4. Place of Birth, (Street and Number) 100 S. Exeter st.
5. Full Name of Mother, Leah Jacobs
6. Mother's Maiden Name, " Solomon
7. Mother's Birthplace, Europe
8. Full Name of Father, Abraham Jacobs
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter St.

Remarks,

1897000 8894

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 4th, 1898.
4. *Place of Birth, (Street and Number)* 909 Mulberry St.
5. *Full Name of Mother,* Carrie Lavinia Newcomer.
6. *Mother's Maiden Name,* Carrie Lavinia Ferry.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* William Edward Newcomer.
9. *Father's Occupation* Laundry.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 2 3 W Poppleton St

Remarks,

any such person or persons who shn't hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 4th Jan. 1878
4. Place of Birth, (Street and Number) 806 Stockholm Street
5. Full Name of Mother, Annie Holmes
6. Mother's Maiden Name, Annie Anderson
7. Mother's Birthplace, Anne Arundel
8. Full Name of Father, Joseph Holmes
9. Father's Occupation, Laborer
10. Father's Birthplace, Cambridge

Name of Medical Attendant, or other person who makes this Return, Chas. Boulden

Address, 808 Stockholm Street

Remarks, Doing well

8 9 7 0 0 0 8 8 9 6 1

Wm J C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89061

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 4 1898
4. Place of Birth, (Street and Number) Rolling Park
5. Full Name of Mother, Mary Homestead
6. Mother's Maiden Name, " Morris
7. Mother's Birthplace, Va
8. Full Name of Father, Moses Homestead
9. Father's Occupation Labor
10. Father's Birthplace, Alb

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, 48 Talbott St Waverly

Remarks, Well

8 9 7 0 0 0 8 8 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner in the form of a be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan 4 98.

4. Place of Birth, (Street and Number) 2241 E. Biddle St

5. Full Name of Mother, Maggie Fardifer

6. Mother's Maiden Name, " Eckhart

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm. Fardifer

9. Father's Occupation,

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. E. L. Peterson M. D.

Address, 1058 N. Broadway

Remarks,

Murphy & Co., City Printers and Stationers.

8 4 7 0 0 0 8 8 9 8

236.]

RETURN OF A BIRTH.

89063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 4th 98
4. *Place of Birth, (Street and Number)* 561 N. Gay St
5. *Full Name of Mother,* Mamie Rice
6. *Mother's Maiden Name,* " Stokers
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Abraham J. Rice
9. *Father's Occupation* Shoe Merchant
10. *Father's Birthplace,* B.C.

Name of Medical Attendant, or other person who makes this Return, Howard C. Silver

Address, 1427 E. Fayette St

Remarks,

1 8 9 7 0 0 0 8 8 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89064

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 4th 1898
4. Place of Birth, (Street and Number) 528 Patterson Park Ave.
5. Full Name of Mother, Katie Hofer
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, George Shafer
9. Father's Occupation Bricklayer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopter

Address, 205 N Washington St

Remarks,

18970008900

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89065

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, Jany 4th 1898
4. Place of Birth, (Street and Number) Baltimore 809 What Coat St
5. Full Name of Mother, Lizzie Holland
6. Mother's Maiden Name, Lizzie Brown
7. Mother's Birthplace, prince george County
8. Full Name of Father, Edward Holland
9. Father's Occupation Labor
10. Father's Birthplace, prince george County

Name of Medical Attendant, or other person who makes this Return, Francis Walker 809 parish Alley

Address,

Remarks,

1 8 9 7 0 0 0 8 9 0 1

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 4 - 1898
4. *Place of Birth, (Street and Number)*	1520 Mc Elderry
5. *Full Name of Mother,*	Sarah B. Austin
6. *Mother's Maiden Name,*	" Jay
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George B Austin
9. *Father's Occupation*	Milliner Molder
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A Allwell
Address,	2030 N. Washington
Remarks,	

1897 0008902

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 4/18
4. *Place of Birth, (Street and Number)* 99 Cedar Ave
5. *Full Name of Mother,* Sadie B Bolden
6. *Mother's Maiden Name,* " " Hall
7. *Mother's Birthplace,* Balto Co Md.
8. *Full Name of Father,* Chas W Bolden
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm H Freddman Ave

Address, # 102 Chestnut Ave

Remarks,

8970008903

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 4th 1898
4. *Place of Birth, (Street and Number)*	17 S Chapel Street
5. *Full Name of Mother,*	Lizzie Sauer
6. *Mother's Maiden Name,*	Fuber
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Sauer
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs H Kreiss Midwife
Address,	1922 E Fayette Street
Remarks,	

1897000089004

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the C
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
ith, in the manner and within the period above required, and
l to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offence,

shall occur without the attendance of a physician or practicer of the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jany 1/98
4. *Place of Birth, (Street and Number)*	1150 Woodyear St
5. *Full Name of Mother,*	Mrs Bridget Burke
6. *Mother's Maiden Name,*	Bridget Kelly
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Richard Burke
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Ann Conroy
Address,	1112 Hanover St
Remarks,	

1897 0008905

Wm. J. C. Dulany Co., City Printers and Stationers.

89070

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jany 4/98
4. Place of Birth, (Street and Number) 576 Pressman St.
5. Full Name of Mother, Mary Elizabeth Kahl
6. Mother's Maiden Name, " " Cox
7. Mother's Birthplace, Emmitsburg
8. Full Name of Father, George Henry Kahl
9. Father's Occupation Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who makes this Return Morris C Robins M.D.

Address, 1344 Druid Hill Ave

Remarks,

+ 8 9 7 0 0 0 8 9 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4 of January
4. Place of Birth, (Street and Number) 916 Eutaw St
5. Full Name of Mother, Mary Wahlfort
6. Mother's Maiden Name, Mary Stilz
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Wahlfort
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Burhart

Address, 1011 Bouldin St Canton

Remarks,

1897U008907

Wm. J. C. Dulany Co., City Printers and Stationers.

The attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 89072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Dorothea Belle Ward

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 4 1898
4. Place of Birth, (Street and Number) 1425 Light St
5. Full Name of Mother, Minnie Sayers Ward
6. Mother's Maiden Name, Minnie Mills
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph S. Ward
9. Father's Occupation, Shipbuilder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. T. Hayden M.D.

Address, 1425 Light St

Remarks,

1897000 8908

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

SAFETY FILM

GIVEN NAME ADDED. 11-28-56

RETURN OF A BIRTH. 89078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) John Henry ~~Nickel~~

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 4/91
4. Place of Birth, (Street and Number) 14 N. Montford Ave.
5. Full Name of Mother, Elizabeth Nickel
6. Mother's Maiden Name, " Volz
7. Mother's Birthplace, Balto.
8. Full Name of Father, Otto Nickel
9. Father's Occupation Coppersmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

1847000039909

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 4th 1898

4. *Place of Birth, (Street and Number)* 107 Albemarle St

5. *Full Name of Mother,* Ida Hirshmann

6. *Mother's Maiden Name,* " Dinour

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Harris Hirshmann

9. *Father's Occupation* Baker

10. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs E Scherman

Address, 42 Albemarle St.

Remarks,

1897 00089 10

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89076

GIVEN NAME ADDED 6/12/73

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

LENA DORA KÜHN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 4/98
4. *Place of Birth, (Street and Number)* Balto 135 W. Cross st
5. *Full Name of Mother,* Rebacca Kühn
6. *Mother's Maiden Name,* Rebacca Helms
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Kühn
9. *Father's Occupation* Salomon Keeper
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 Cross Street

Remarks, Filed: 1898

8970008911

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89076

RETURN OF A BIRTH. 89

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 15 1898
4. Place of Birth, (Street and Number) No 1118 Gough st
5. Full Name of Mother, Enna Rose
6. Mother's Maiden Name, gray
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John F Rose
9. Father's Occupation Teamster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah C Harrington

Address, No 924 Binney st

Remarks,

8970

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 5 of January 1898
4. *Place of Birth, (Street and Number)* No 1803 Holbrook St
5. *Full Name of Mother,* Lizzie Inners
6. *Mother's Maiden Name,* Lizzie Keeks
7. *Mother's Birthplace,* York County Pa
8. *Full Name of Father,* Howard E. Inners
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* York County Pa.

Name of Medical Attendant, or other person who makes this Return, Mrs Ch Lauer

Address, 1059 Harford Baltimore

Remarks, ~~No~~ 10 Baltimore Md 1898

8970008913

Wm. J. C. Dulany Co., City Printers and Stationers.

89078

RETURN OF A BIRTH.

GIVEN NAME ADDED 7-29-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Estelle ~~Beatrice~~ Nakronska

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 January 1898
4. Place of Birth, (Street and Number) 408 Bond St
5. Full Name of Mother, Mary Nakronoska
6. Mother's Maiden Name, M. Sukomska
7. Mother's Birthplace, Austrulie
8. Full Name of Father, Bróno Nakronoski
9. Father's Occupation Tailor
10. Father's Birthplace, Austrylie

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 Ann St

Remarks, Baltimore

8970008914

Wm. J. C. Dulany Co., City Printers and Stationers.

...without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* — — —
3. *Date of Birth,* Jan 5th/98
4. *Place of Birth, (Street and Number)* No 2328 Millman Str
5. *Full Name of Mother,* Caroline Eliason
6. *Mother's Maiden Name,* Langley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Eliason
9. *Father's Occupation* Labor work
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross.

Address, 1907 E Monument Str.

Remarks,

1 8 9 7 0 0 0 8 9 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) f -

2. Race or Color, (if not of the white race) W -

3. Date of Birth, Jan 5 1898

4. Place of Birth, (Street and Number) 2128 E Hoffman St

5. Full Name of Mother, Jennie Fairfax Johnson Smith

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Balto

8. Full Name of Father, Benj. F. Johnson

9. Father's Occupation mechanic

10. Father's Birthplace, md

Name of Medical Attendant, or other person who makes this Return, Wm J. Watson

Address, 1601 N. Broadway City

Remarks,

8970008916

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 5-th
4. *Place of Birth, (Street and Number)* 1413 Hull St
5. *Full Name of Mother,* Margaret L. Harden
6. *Mother's Maiden Name,* " " Carrol
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George A. Harden
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. W. J. Kastin M.D.

Address, 841 Penna Ave

Remarks,

8 9 7 U 0 0 8 9 1 7

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

89082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 5th '98
4. *Place of Birth, (Street and Number)* 228 S. High St.
5. *Full Name of Mother,* Mollie Levin
6. *Mother's Maiden Name,* Mollie Hofman
7. *Mother's Birthplace,* Pocro Rus.
8. *Full Name of Father,* Jackal Levin
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Salack Rus.

Name of Medical Attendant, or other person who makes this Return, Yetta Klawansky

Address, 1022 E. Lombard St.

Remarks,

8970008918

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

890[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Wensday th 5 [illegible]
4. *Place of Birth, (Street and Number)* 517 North spring st
5. *Full Name of Mother,* Mary Washington
6. *Mother's Maiden Name,* Mary Woods
7. *Mother's Birthplace,* Landcastle county Va ~~Edward Washington~~
8. *Full Name of Father,* Edward Washington
9. *Father's Occupation* Laborder
10. *Father's Birthplace,* Charlescounty va.

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 815 North Dallas st.

Remarks, doing well

8 9 7 0 0 0 8 9 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 6/98
4. *Place of Birth, (Street and Number)* 512 S. Collington Ave.
5. *Full Name of Mother,* Katie Lewis
6. *Mother's Maiden Name,* " Taylor
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Lewis
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disinhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

1897000089920

Wm. J. C. Dulany Co,. City Printers and Stationers.

89086

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Jan 5
4. Place of Birth, (Street and Number) 1834 N Dallas St.
5. Full Name of Mother, Mary H Rittershoffer
6. Mother's Maiden Name, " " Hünecke
7. Mother's Birthplace, Germany
8. Full Name of Father, Franz Rittershoffer
9. Father's Occupation Brewer
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, [signature]

Address, 1502 N Bond St.

Remarks,

8 9 7 0 0 0 8 9 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] of a certificate between the first and [illegible] of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89086

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 5 - 1898
4. *Place of Birth, (Street and Number)* 1122 N Mount St.
5. *Full Name of Mother,* Mrs. John Gibbons
6. *Mother's Maiden Name,* Yent
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* John Gibbons
9. *Father's Occupation* Hotel Clerk
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, J. O. Hendrix, Md.

Address, 1122 N. Mount St.

Remarks, Md. Home Hospital

8970008922

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89087

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, 11-9-98

4. Place of Birth, (Street and Number) Md. Gen. Hosp.

5. Full Name of Mother, Ella Badger

6. Mother's Maiden Name, "

7. Mother's Birthplace, Va.

8. Full Name of Father, Abd. Dipkins.

9. Father's Occupation Sailor.

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Wm L Todd

Address, Md. Gen Hosp.

Remarks,

1897 00089 23

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

GIVEN NAME ADDED, 3-27-63

89008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rita

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 5-1898
4. Place of Birth, (Street and Number) 46 E. York St
5. Full Name of Mother, Elizabeth Cshapiro
6. Mother's Maiden Name, " Estroma
7. Mother's Birthplace, Russia
8. Full Name of Father, Moses Cshapiro
9. Father's Occupation Umbrella Mender
10. Father's Birthplace, Jerusalem

Name of Medical Attendant, or other person who makes this Return, D. J. Long

Address, 115 W Lombard

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970008924

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Jan 5-1898
4. *Place of Birth, (Street and Number)* 36-E Church St
5. *Full Name of Mother,* Maggie Gibson
6. *Mother's Maiden Name,* Maggie Gibson
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Refused to give it.
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, D. J. Long

Address, 110 W. Lombard St

Remarks,

8970008925

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89090

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5th Jan 1898
4. *Place of Birth, (Street and Number)* 1542 William St
5. *Full Name of Mother,* Wilhelmina Grill
6. *Mother's Maiden Name,* Otto
7. *Mother's Birthplace,* Balti
8. *Full Name of Father,* William Grill
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Balti

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 650 E Fort ave

Remarks,

1 8 9 7 0 0 0 8 9 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89091

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 5th 1898
4. *Place of Birth, (Street and Number)*	208 E Lanvale St.
5. *Full Name of Mother,*	Mabel F Henderson.
6. *Mother's Maiden Name,*	Mabel F Fedderman
7. *Mother's Birthplace,*	Centreville Md.
8. *Full Name of Father,*	William A Henderson.
9. *Father's Occupation*	Clergyman
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	John A Pennington.
Address,	1716 Linden Av
Remarks,	

8 9 7 0 0 0 8 9 2 7

Wm. J. C. Dulany Co., City Printers and Stationers

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

36]

RETURN OF A BIRTH.

89092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 5 January
4. *Place of Birth, (Street and Number)* 1023 McAldeis strat. Balt. m.d.
5. *Full Name of Mother,* Albertine Tews.
6. *Mother's Maiden Name,* Albertine Klawitter
7. *Mother's Birthplace,* Teschendorf
8. *Full Name of Father,* Gustav Albert Tews.
9. *Father's Occupation*
10. *Father's Birthplace,* Cremmin

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Bischoff

Address, No. 731 St Peter Str.

Remarks,

8970008928

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] child day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89093

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 5th 1898
4. *Place of Birth, (Street and Number)*	30 S Central Ave
5. *Full Name of Mother,*	Lizzie Krauze
6. *Mother's Maiden Name,*	W. Kraft
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Emil Krauze
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs H Kirby Midwife
Address,	1922 E Fayette Street
Remarks,	

1897 U 008929

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 5-98
4. *Place of Birth, (Street and Number)* 302 N Fayette
5. *Full Name of Mother,* Anna L Lee
6. *Mother's Maiden Name,* Agnes Gannon
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Benjamin L Lee
9. *Father's Occupation* attorney
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, A. L Lumpkin

Address, 801 N Fayette

Remarks,

1897000 8930

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

aww

RETURN OF A BIRTH.

89096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Howard Edward Stone

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12 th,
1. Sex, (state whether male or female)	Boy,
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 5th, 1898
4. Place of Birth, (Street and Number)	1223 Valley St.
5. Full Name of Mother,	Ella Eppler Stone
6. Mother's Maiden Name,	Ella Eppler
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	John L Stone
9. Father's Occupation	Coal Dealer
10. Father's Birthplace,	Westminster Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton, M.D.
Address,	S.W. Cor. Calvert & Preston Sts.
Remarks,	

1897 0008931

Every birth without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 5th 98
4. *Place of Birth, (Street and Number)* 618 N. Paca St.
5. *Full Name of Mother,* Sarah Whitford
6. *Mother's Maiden Name,* " Deans
7. *Mother's Birthplace,* Norfolk Va.
8. *Full Name of Father,* John Watson Thomas H Whitford
9. *Father's Occupation* Manufacturer of Chewing gum
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Thomas Opie M D

Address, 219 N. Monument St

Remarks,

1897 0008932

Wm. J. C. Dulany Co., City Printers and Stationers.

6.]

RETURN OF A BIRTH. 89097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 5 — 1898
4. *Place of Birth, (Street and Number)* 142 S. Central Ave.
5. *Full Name of Mother,* Margretta Lehr
6. *Mother's Maiden Name,* Boehlein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fredrick Lehr
9. *Father's Occupation* Lock Smith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fratt St.

Remarks,

1897000089 33

Wm. J. C. Dulany Co., City Printers and Stationers.

89098

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 3-7-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Francis ~~Simon~~ Mick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female).	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 5, 1898
4. Place of Birth, (Street and Number)	36 E Baltimore St
5. Full Name of Mother,	Anna ~~Mick~~ Schmang
6. Mother's Maiden Name,	Anna Baltimore
7. Mother's Birthplace,	Simon (Mick) Mick
8. Full Name of Father,	Dairyman
9. Father's Occupation	Baltimore
10. Father's Birthplace,	Mrs Eliza Brooks
Name of Medical Attendant, or other person who makes this Return,	Mrs 832 E Light St
Address,	Dairy Well
Remarks,	

1897 U 008934

Wm. J. C. Dulany Co., City Printers and Stationers.

89099

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 5th 1898
4. *Place of Birth, (Street and Number)* 951 Harford Ave
5. *Full Name of Mother,* Mary Krusova
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Frank Krusova
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Riplish

Address, 205 N Washington St

Remarks,

1897000 8935

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 5th 1898
4. *Place of Birth, (Street and Number)* 1621 Thames St.
5. *Full Name of Mother,* Katie Janda
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* James Janda
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Henry Koplitz

Address, 203 N Washington St

Remarks,

1897000 8936

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* January 5 1898,
4. *Place of Birth, (Street and Number)* 777 Mulberry st,
5. *Full Name of Mother,* Annie Stewart.
6. *Mother's Maiden Name,* Gaines
7. *Mother's Birthplace,* Frederick Co.
8. *Full Name of Father,* John Stewart.
9. *Father's Occupation* Laboring.
10. *Father's Birthplace,* N Virginia.

Name of Medical Attendant, or other person who makes this Return, Mary C Jones

Address, 112 Saratoga st

Remarks, Balto Md

8 4 7 0 0 0 3 9 3 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

...the Commissioner of Health. In case the birth of any child ... practioner of midwifery, or should no other person be in ... it shall become the duty of the person or parents of such ... h, in the manner and within the period above required, and ... comply with the provisions of this section shall be sub- ... be recovered as other fines and forfeitures are recoverable.

...day of each and every month to the office of the Com- ... shall occur without the attendance of a physician or practi- ... attendance upon the mother, immediately thereafter. It sha... child to report its birth to the Commissioner of Health, in th... any such person or persons who shall hereafter fail to comp... jected to the fine of ten (10) dollars for each offence, to be re...

GIVEN NAME ADDED: 6-21-57

89102

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carl Nicholas ~~Kaufman~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 5th 1898
4. *Place of Birth, (Street and Number)* 102 Exeter St.
5. *Full Name of Mother,* Fanny Kaufmann
6. *Mother's Maiden Name,* " Braverman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Morris Kaufmann.
9. *Father's Occupation* Tailor.
10. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherman

Address, 42 Allemane St.

Remarks,

8970008938

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-31-59

89103

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emmett Warner Cowman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan, 5th 1898
4. Place of Birth, (Street and Number) 16 N Gilmor St
5. Full Name of Mother, Mrs Juliet E Cowman
6. Mother's Maiden Name, " " Vansant
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William T Cowman
9. Father's Occupation, B & O R.R.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M K Warner

Address, 901 N Stricker St

Remarks,

8970008939

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 89104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color; (if not of the white race)* White
3. *Date of Birth,* January 6
4. *Place of Birth, (Street and Number)* 605 S. Bond St.
5. *Full Name of Mother,* Josephine Sidlersky
6. *Mother's Maiden Name,* Kocasovsky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Alexander Sidlersky
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 838 S. Bond St.

Remarks,

18970008940

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89103

GIVEN NAME ADDED 11-14-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Robert Pinder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 6th 98
4. Place of Birth, (Street and Number) Winner Ave Walbrook
5. Full Name of Mother, Ada Pinder
6. Mother's Maiden Name, Ada Oakley
7. Mother's Birthplace, Manchester England
8. Full Name of Father, Robert Pinder
9. Father's Occupation Bricklayer
10. Father's Birthplace, Manchester England

Name of Medical Attendant, or other person who makes this Return,

Address, Annie C Buckner No 739 Church St

Remarks,

8970008941

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 January 1898
4. *Place of Birth, (Street and Number)* 529 Bond St
5. *Full Name of Mother,* Mary Szuromska
6. *Mother's Maiden Name,* Mc Wych
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Szuromski
9. *Father's Occupation* Tabor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 Inn St

Remarks, Baltimore

8970008942

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

89107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether* [redacted] *or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 6
4. *Place of Birth, (Street and Number)* 132 W. Camden st
5. *Full Name of Mother,* Annie L. Adolph
6. *Mother's Maiden Name,* Annie L. Huber
7. *Mother's Birthplace,* Richmond va
8. *Full Name of Father,* William G. Adolph
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 800 Leadenhall Street.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970008943

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 6th 1898

4. Place of Birth, (Street and Number) 52 West Market Space

5. Full Name of Mother, Rebecca Koffanaffsky

6. Mother's Maiden Name, Rebecca Rodmer

7. Mother's Birthplace, Russia

8. Full Name of Father, ? Koffanaffsky

9. Father's Occupation Presser

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hospital Baltimore Md.

Remarks, Could not learn full name of father.

8 9 7 0 0 0 8 9 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 6th, 1897 1898
4. Place of Birth, (Street and Number) 634 McElderry St.
5. Full Name of Mother, Beulah Lynch
6. Mother's Maiden Name, Beulah Brown
7. Mother's Birthplace, Virginia
8. Full Name of Father, Wm J. Lynch
9. Father's Occupation Driver
10. Father's Birthplace, York Penna.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

1897 0008945

Wm. J. C. Dulany Co., City Printers and Stationers.

89100

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sixth Jan 1898
4. *Place of Birth, (Street and Number)*	Balt City 1219 Hare St
5. *Full Name of Mother,*	Lizzie Marshal Loyas
6. *Mother's Maiden Name,*	Marska
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John L Loyas
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	Mrs Kiersman
Address,	No. 1107 Chesapeake St
Remarks,	

8970008946

Wm. J. C. Dulany Co., City Printers and Stationers.

89111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) eight.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 6. January 1898.
4. *Place of Birth, (Street and Number)* 1827. Curley St.
5. *Full Name of Mother,* Alwina Lenck
6. *Mother's Maiden Name,* " Vogt
7. *Mother's Birthplace,* Germany St.
8. *Full Name of Father,* Louis Lenck
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, P. Liersemann

Address, No. 1107. Cheasapeake St.

Remarks, none

8970008947

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan-6-98
4. Place of Birth, (Street and Number) 926 Watson St
5. Full Name of Mother, Mrs Corn
6. Mother's Maiden Name, Miss Levine
7. Mother's Birthplace, Germany
8. Full Name of Father, Benjamin Corn
9. Father's Occupation Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. E. Lumpkin

Address, 801 W Fayette St

Remarks,

8970008948

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] without the attendance of a physician or practioner of midwifery, or should no other person be in [illegible] of the Commissioner of Health. In case the birth of any child [illegible] a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED - 8/14/67

RETURN OF A BIRTH.

89118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARY VINCENT ~~O'CONNOR~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6th 1898
4. Place of Birth, (Street and Number) 1004 E Monument St
5. Full Name of Mother, Maggie ~~O'Connor~~ O'CONNOR
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Joseph ~~O'Connor~~ O'CONNOR
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Annie O'Brien

Address, 902 Greenmount ave

Remarks,

8970008949

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 6th 1898
4. *Place of Birth, (Street and Number)*	704 Webster Court
5. *Full Name of Mother,*	Francis May Fannon
6. *Mother's Maiden Name,*	" " Dolan
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Wm P Fannon
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Annie O Brien
Address,	902 Greenmount ave
Remarks,	

1897 00089 50

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 6 1898
4. Place of Birth, (Street and Number) 404 Cruttland St
5. Full Name of Mother, Lucy Harvey
6. Mother's Maiden Name, Lucy Williams
7. Mother's Birthplace, North Carolina
8. Full Name of Father, John Harvey
9. Father's Occupation waiter
10. Father's Birthplace, Peters Burgh Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Charity Jones

Address, 405 Margrove Alley

Remarks,

1 8 9 7 0 0 0 8 9 5 1

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 6th, 1898
4. Place of Birth, (Street and Number) 1505 York Road
5. Full Name of Mother, Mary Catherine Bullinger
6. Mother's Maiden Name, Klug
7. Mother's Birthplace, Baltimore County.
8. Full Name of Father, Harry Eugene Bullinger
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return, Walter Bolziano

Address, 2020 N. Charles St.

Remarks,

1897000 8952

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state ~~whether male~~ or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 6th 1898
4. *Place of Birth, (Street and Number)* 879 Gint ave.
5. *Full Name of Mother,* Catherine Garrigan
6. *Mother's Maiden Name,* Folen
7. *Mother's Birthplace,* Annandale Co Md.
8. *Full Name of Father,* Edward J. Garrigan
9. *Father's Occupation* Foreman
10. *Father's Birthplace,* Balto Co Md.

Name of Medical Attendant, or other person who makes this Return, W M Pearce

Address, 1238 Fulton

Remarks,

8970008953

Wm. J. C. Dulany Co., City Printers and Stationers

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 6 th 1898
4. *Place of Birth, (Street and Number)* 2001 Washington St
5. *Full Name of Mother,* Ratio Stenger
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Stenger
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Baptist

Address, 205 N Washington St

Remarks,

1897000 8954

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 6th 1898
4. *Place of Birth, (Street and Number)* 1638 Washington St
5. *Full Name of Mother,* Mary Bailey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mary Bailey
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Bipton

Address, 205 N Washington St

Remarks,

8970008955

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-13-52

89120

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Robert ~~Norman~~ Joyner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 6th 1898
4. Place of Birth, (Street and Number) 752 W. Fayette St.
5. Full Name of Mother, Mary Buschman Joyner
6. Mother's Maiden Name, Mary Buschman
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Julius A. Joyner
9. Father's Occupation, Commercial Traveller
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, John R. Uhler M.D.

Address, 1531 McCulloh St.

Remarks,

18970008956

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 6 1899
4. *Place of Birth, (Street and Number)* [illegible] Chesnut ave
5. *Full Name of Mother,* Ida [illegible] Harper
6. *Mother's Maiden Name,* Wilkenson
7. *Mother's Birthplace,* Balt [illegible] County
8. *Full Name of Father,* [illegible] Harper
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E. King

Remarks, 575 Hickory Ave.
Hampden, Balto, Md

1897000 8957

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 6th 1898
4. *Place of Birth, (Street and Number)* Baltimore # 1124 Shields Alley
5. *Full Name of Mother,* Lydia Macher
6. *Mother's Maiden Name,* Lydia Benson
7. *Mother's Birthplace,* Delaware
8. *Full Name of Father,* George Macher
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Delaware

Name of Medical Attendant, or other person who makes this Return, Edith Howard

Address, 1128 Shields Alley

Remarks,

8970008958

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 39128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 6 th 1898
4. *Place of Birth, (Street and Number)* 513 E Ann st
5. *Full Name of Mother,* Mary Wallace
6. *Mother's Maiden Name,* Mary Walker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Wallace
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address,

Remarks,

1897U008959

Wm. J. C. Dulany Co., City Printers and Stationers

...attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

89124

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 6 1898
4. *Place of Birth, (Street and Number)* 1117 E. Lombard St
5. *Full Name of Mother,* Ida Lowery
6. *Mother's Maiden Name,* Barr
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Mat Lowery
9. *Father's Occupation* Presser
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 25 S Lloyd St

Remarks,

8970003960

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

89125

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 6, 98
4. Place of Birth, (Street and Number) 1044 Greenmount ave
5. Full Name of Mother, Bettie Mettee
6. Mother's Maiden Name, " Lawler
7. Mother's Birthplace, Scotland
8. Full Name of Father, Wm Mettee
9. Father's Occupation Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, A. Wegefooth

Address, 733 Aisquith St

Remarks,

8970008961

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 89126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 7th 1898
4. *Place of Birth, (Street and Number)* 1013 Whatcoat St
5. *Full Name of Mother,* Cora Jones
6. *Mother's Maiden Name,* Cora Jackson
7. *Mother's Birthplace,* Lancaster Co Virginia
8. *Full Name of Father,* Edward Jones
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Lancaster Co Va

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey

Address,

Remarks, 1809 Lanman St City

18970008962

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1/7/98
4. Place of Birth, (Street and Number) Balto. University Maternity
5. Full Name of Mother, Mary Andrews
6. Mother's Maiden Name, Mary Moore
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. Andrews
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, F. H. Scholle M.D.

Address, Balto. University Hospital

Remarks,

1897 0008963

Wm. J. C. Dulany Co., City Printers and Stationers.

shall seek without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 7th 1898
4. *Place of Birth, (Street and Number)* 313. Chestnut Street near Gay
5. *Full Name of Mother,* Mary Elizebeth Mc. Cafrine
6. *Mother's Maiden Name,* Mary Elizebeth Mc. Cafrine
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Albert. King
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary S. Stafford

Address, 324 chestnut near gay

Remarks, Not. Healthy

1 8 9 7 0 0 0 8 9 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89129

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 7th 1845
4. *Place of Birth, (Street and Number)* 12 14 Patapsco St
5. *Full Name of Mother,* anna Beal
6. *Mother's Maiden Name,* anna nagel
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* James Edward Beal
9. *Father's Occupation* Potter
10. *Father's Birthplace,* St Mary's county md

Name of Medical Attendant, or other person who makes this Return, Thomas ca anderson

Address, 1434 Patapsco St

Remarks,

1897U008965

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 January 1898
4. *Place of Birth, (Street and Number)* 436 Gerewno St
5. *Full Name of Mother,* Deory Markowska
6. *Mother's Maiden Name,* D. Jarostawska
7. *Mother's Birthplace,* Austrylie
8. *Full Name of Father,* Julius Markowski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Austrylie

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 S. Ann St

Remarks, Baltimore

8970008966

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89131

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan the 7th 1898
4. *Place of Birth, (Street and Number)* 105 S Central ave
5. *Full Name of Mother,* Catharine Noeth
6. *Mother's Maiden Name,* itzel
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* George N Nothe
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, M A Dauenpor

Address, 1637 North ave

Remarks, Baby not so Well

impurity of Blood Mother all Right

8970008967

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89132

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Jan 7/98
4. Place of Birth, (Street and Number) No. 130 S. Caroline Str
5. Full Name of Mother, Dina Wirth.
6. Mother's Maiden Name, Geumann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Wirth
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross.

Address, 1907. E. Monument Str.

Remarks,

8 9 7 0 0 0 3 9 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Jan 7 98
4. *Place of Birth, (Street and Number)* Md Genl Hosp
5. *Full Name of Mother,* Marie Harris.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Will Harris.
9. *Father's Occupation* Porter.
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md Genl Hosp

Remarks,

8 9 7 0 0 0 8 9 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36

RETURN OF A BIRTH.

89184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 7th 198
4. *Place of Birth, (Street and Number)* 722 Hanover st.
5. *Full Name of Mother,* Mary B Hoek
6. *Mother's Maiden Name,* Mary B Turner
7. *Mother's Birthplace,* Essex County Va.
8. *Full Name of Father,* John E Hoek
9. *Father's Occupation* Stevedore
10. *Father's Birthplace,* Onancock Va

Name of Medical Attendant, or other person who makes this Return, Anna M Davis

Address, 914 Leadenhall st

Remarks, Suffering With her head

1897 0 0 0 3 9 7 0

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36]

RETURN OF A BIRTH.

89185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	7th January 1898
4. *Place of Birth, (Street and Number)*	613 Cider Alley
5. *Full Name of Mother,*	Martha L. Scott
6. *Mother's Maiden Name,*	Martha L. Richardson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Scott
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace,*	Laborer
Name of Medical Attendant, or other person who makes this Return	Anna M. Haris
Address,	914 Leadenhall Street
Remarks,	

8970008971

Wm. J. C. Dulany Co., City Printers and Stationers.

...the practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... man or practioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...third day of each and every month to the office of the ... shall occur without the attendance of a physician or ...

89106

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1B

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 7th 1898
4. *Place of Birth, (Street and Number)* 1118 Bravard St.
5. *Full Name of Mother,* Annie Manns
6. *Mother's Maiden Name,* Annie Johnson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Louis Manns
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Green Spring Valley Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park ave.

Remarks,

8970008972

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* ..... Female
2. *Race or Color, (if not of the white race)* ..... Colored
3. *Date of Birth,* ..... January 7th. 1898
4. *Place of Birth, (Street and Number)* ..... 405 Gorsuch Street
5. *Full Name of Mother,* ..... Rosie Hayes
6. *Mother's Maiden Name,* ..... " Ellridge
7. *Mother's Birthplace,* ..... Baltimore
8. *Full Name of Father,* ..... Oliver Armstrong
9. *Father's Occupation* ..... Laborer
10. *Father's Birthplace,* ..... Baltimore

Name of Medical Attendant, or other person who makes this Return, ... Jane West

Address, ... 902 Hillman Street,

Remarks, ...

1 8 9 7 U 0 0 8 9 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 7th 1898
4. *Place of Birth, (Street and Number)* No 1524 Byrd st
5. *Full Name of Mother,* Dealia Divens
6. *Mother's Maiden Name,* Dealia Farrell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Divens
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1517 Byrd St

Remarks,

18970008974

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 7th 1898
4. *Place of Birth, (Street and Number)* 213 Castle St
5. *Full Name of Mother,* Annie Raube
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Gearmer
8. *Full Name of Father,* Frank Raube
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Gearmer

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, 205 N Washington St

Remarks,

8970008975

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

891210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 7th 1898
4. *Place of Birth, (Street and Number)* 1823 Lombard St
5. *Full Name of Mother,* Annie Schmitt
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Schmitt
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopitz

Address, 215 N Washington St

Remarks,

8970008976

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 7th
4. *Place of Birth, (Street and Number)* 1434 Riverside Ave
5. *Full Name of Mother,* Laura Carroll
6. *Mother's Maiden Name,* " Camper
7. *Mother's Birthplace,* Dorchester Co
8. *Full Name of Father,* Jas. Carroll
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Caroline Co

Name of Medical Attendant, or other person who makes this Return, J. C. Burch MD

Address, 511 Stanwood

Remarks,

18970008977

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 11th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 7 of January 1898
4. Place of Birth, (Street and Number) No 1816 N. Bond St
5. Full Name of Mother, Mary Jenkins
6. Mother's Maiden Name, Mary Duff
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Jenkins
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ch. Lauer

Address, No 1057 Stafford Ave

Remarks, Bal. Md

1898

8 9 7 0 0 0 8 9 7 8

Wm J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89128

GIVEN NAME ADDED 6-11-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Gertrude S. Groener

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 7/98
4. Place of Birth, (Street and Number) 1163 Cleveland St
5. Full Name of Mother, Lizzie Barry Groener
6. Mother's Maiden Name, " " " Neubarth
7. Mother's Birthplace, Scott st Balto
8. Full Name of Father, Henry August Groener
9. Father's Occupation Clerk
10. Father's Birthplace, Barry st. Balto

Name of Medical Attendant, or other person who makes this Return, Dr. Evans

Address, 778 W. Hamburg St.

Remarks,

1897U008979

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. $9128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 1, 1898
4. *Place of Birth, (Street and Number)* N. W. cor. Biddle & Guilford Ave
5. *Full Name of Mother,* Rosalie Schimmel
6. *Mother's Maiden Name,* " Goodman
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Wm. S. Schimmel
9. *Father's Occupation* Druggist
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, William A. Sellman

Address, 5 E. Biddle St.

Remarks,

8 4 7 0 0 0 3 9 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

S9125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 7th 1898
4. *Place of Birth, (Street and Number)* 2804 Bernard St.
5. *Full Name of Mother,* Kate L. Schulte - Estep
6. *Mother's Maiden Name,* Kate L. Schulte
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Henry Estep
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, J. B. Marden M. D.

Address, 2910 Huntingdon Ave

Remarks, Normal L. O. A. case. Both doing well

1 8 9 7 0 0 0 3 9 8 1

Wm J. C. Dulany Co., City Printers and Stationers.

89126

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 7th 1898
4. Place of Birth, (Street and Number) 239 S Chester Street
5. Full Name of Mother, Lizzie Louck
6. Mother's Maiden Name, " Gress
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred Louck
9. Father's Occupation Telegraph Operator
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Kron, Midwife

Address, 1922 E Fayette Street

Remarks,

1 8 9 7 0 0 0 8 9 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col^d
3. *Date of Birth,* January 7th 98
4. *Place of Birth, (Street and Number)* 922 West Coat St
5. *Full Name of Mother,* Lizzie Murphy
6. *Mother's Maiden Name,* Lizzie Johnson
7. *Mother's Birthplace,* Easton Shore
8. *Full Name of Father,* William Murphy
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, francis Walker

Address, 809 Parish Alley

Remarks,

8970008983

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* ~~Col'd~~ Male
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* January 7. 98
4. *Place of Birth, (Street and Number)* 314 Parish Alley
5. *Full Name of Mother,* Hester Sinner
6. *Mother's Maiden Name,* Hester Staub
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* John Sinner
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other person who makes this Return, Francis Walker 807 Parish Alley

Address,

Remarks,

1897 0003984

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

89149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 1/2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th of January 98
4. *Place of Birth, (Street and Number)*	301 Bartolau St
5. *Full Name of Mother,*	Jette Löhnlein
6. *Mother's Maiden Name,*	Jette Philip
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Löhnlein
9. *Father's Occupation*	Brewer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keiler Midwife
Address,	246 W Pratt St
Remarks,	

1897 U 0088985

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur within the city month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 7th 1898.
4. *Place of Birth, (Street and Number)* 227 Concord St.
5. *Full Name of Mother,* Mary, Frances Bohager.
6. *Mother's Maiden Name,* " " Braitsch
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Frank R. P. Bohager.
9. *Father's Occupation* Junk dealer
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman.

Address, 42 Albemarle St.

Remarks,

84700089986

Wm. J. C. Dulany Co,. City Printers and Stationers.

CERTIFICATE CORRECTED 3-13-61

RETURN OF A BIRTH.

89157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Samuel Berman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 7, 1898. (903 Fawn St)
4. *Place of Birth, (Street and Number)* 903 Fawn St Berman
5. *Full Name of Mother,* Mollie ~~Berman~~
6. *Mother's Maiden Name,* " Hiett.
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Hyman ~~Berman~~ Berman
9. *Father's Occupation* Tayler
10. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return, Dr Mrs. E. Scherman.

Address, 42 Alternate W.

Remarks,

1897000898 7

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6-th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 7 / 1898.
4. *Place of Birth, (Street and Number)*	1102 E. Fayette St.
5. *Full Name of Mother,*	Dora Grossman.
6. *Mother's Maiden Name,*	" Samuelson
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Max Aronson
9. *Father's Occupation*	Cigarmaker
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs. E. Scherman,
Address,	42. Albemarle St.
Remarks,	

1897U008988

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixt (6)

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), — — White
3. Date of Birth, January 8 / 1898
4. Place of Birth (Street and Number), Baltimore 106 S Eden St.
5. Full Name of Mother, Rachild
6. Mother's Maiden Name, Woolf
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Woolf
9. Father's Occupation, Cigar macer.
10. Father's Birthplace, " " Russia

Name of Medical Attendant, or other person who makes this Return. — — Rachel Gager

Address, 511 S. Fremont ave

Remarks, ~~S~~ Twens — — —

1 8 9 7 0 0 0 8 9 8 9

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 89182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 8th 1898
4. Place of Birth, (Street and Number) 2007 Frederick ave
5. Full Name of Mother, Lora Schaefer
6. Mother's Maiden Name, Lora Kehling
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm H Schaefer
9. Father's Occupation Plumber ~~Plumber~~
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Hiller

Address, 2008 W Pratt st

Remarks,

8970008990

Wm. J. C. Dulany Co,. City Printers and Stationers.

In case the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Jan 5 - 1898
4. *Place of Birth, (Street and Number)* 903 Toppin Ct.
5. *Full Name of Mother,* Agnes Bowser
6. *Mother's Maiden Name,* " Quinn
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Richard Weeks
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, D. J. Long

Address, 115 W. L.

Remarks,

8970008991

Wm. J. C. Dulany Co., City Printers and Stationers.

89156

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 8-1898
4. *Place of Birth, (Street and Number)*	1520 N. Durham
5. *Full Name of Mother,*	Lillie Wagner
6. *Mother's Maiden Name,*	" Williard
7. *Mother's Birthplace,*	Pa
8. *Full Name of Father,*	Harry D. Wagner
9. *Father's Occupation*	Shirt Cutter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	2030 N. Washington
Remarks,	

8470008992

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 3-5-58

RETURN OF A BIRTH.

89157

CERTIFICATE CORRECTED 4-1-58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Leonore Harback

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 8 1898.
4. Place of Birth, (Street and Number) Mt. 1325 N. Wolf Street
5. Full Name of Mother, Ruth ~~Harbeck~~ (3) Harback
6. Mother's Maiden Name, Ruth Johnson.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel ~~Harbeck~~ Harback
9. Father's Occupation Collector.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Aug. A. Clewell M.D.

Address, 1741 Harford ave

Remarks,

8970008993

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED -1/25/72

89168

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: JOSEPH AUG~~UST~~ HAVERBECK

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or ~~female~~) male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 8/97.
4. Place of Birth, (Street and Number) 106. W. Randall St.
5. Full Name of Mother, Emma Clara Haverbeck.
6. Mother's Maiden Name, " " " Knapp.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert L. Haverbeck.
9. Father's Occupation Moulder.
10. Father's Birthplace, Hanover, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. Minick

Address, 800 Leadenhall Street.

Remarks,

8970008994

Wm. J. C. Dulany Co., City Printers and Stationers.

(over)

Shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

836]

RETURN OF A BIRTH. 89169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th. child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Col.

3. *Date of Birth,* Jan 8th - 98

4. *Place of Birth, (Street and Number)* 109 Brown Ct -

5. *Full Name of Mother,* Ida Lee -

6. *Mother's Maiden Name,* " Bond -

7. *Mother's Birthplace,* Anne Arundel Co,

8. *Full Name of Father,* Benjamin Lee

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Anne Arundel Co,

Name of Medical Attendant, or other person who makes this Return, Dr. S P Leffler

Address, 404 E. Eutaw St.

Remarks,

8970008995

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 8.
4. *Place of Birth, (Street and Number)* Aliciana St. 1917
5. *Full Name of Mother,* Mary Fabišak
6. *Mother's Maiden Name,* Jankovsky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Andrew Fabišak
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 838 S. Bond St.

Remarks,

8 9 7 0 0 0 8 9 9 6

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Col.

3. *Date of Birth,* Jan. 8— 1898

4. *Place of Birth, (Street and Number)* 316 Riggs Avenue

5. *Full Name of Mother,* Kate Johnson

6. *Mother's Maiden Name,* Kate Perrill

7. *Mother's Birthplace,* Va

8. *Full Name of Father,* Tenos Johnson

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Milton D. Boone M.D.

Address, 1324 N. Calhoun St.

Remarks,

8 7 7 0 0 0 8 9 9 7

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89162

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	1. 8. 98.
4. Place of Birth, (Street and Number)	816 E. Eager St.
5. Full Name of Mother,	Kate Keenan,
6. Mother's Maiden Name,	Murphy
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Joseph P. Keenan,
9. Father's Occupation	Teamster
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	J. F. Hempel, M.D.
Address,	1103 Valley St.
Remarks,	

8970008998

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered [illegible] fines and forfeitures are recoverable.

86.]

RETURN OF A BIRTH.

89168

GIVEN NAME ADDED 8-15-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Cleo Bokelman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 8 — 1898.
4. Place of Birth, (Street and Number) 232 N. Bond St.
5. Full Name of Mother, Mary Bokelman
6. Mother's Maiden Name, Shay
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Richard D. Bokelman
9. Father's Occupation Plumber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970008999

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89164

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) white.

3. Date of Birth, 8. January. 1898

4. Place of Birth, (Street and Number) 222. N. Edgar Place.

5. Full Name of Mother, Katharina Bonsch.

6. Mother's Maiden Name, Katharina Dorn.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Willi Bonsch.

9. Father's Occupation Labourer.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Kloss.

Address, N-9. N. Wolfe. Street.

Remarks,

8970009000

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89165

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) Jan 8th 1898
3. Date of Birth, 837 Ashland Ave
4. Place of Birth, (Street and Number) Maggie Fitzpatrick
5. Full Name of Mother, Ryan
6. Mother's Maiden Name, Winchester Va
7. Mother's Birthplace, Michael Fitzpatrick
8. Full Name of Father, Lefty Salomy
9. Father's Occupation Ireland
10. Father's Birthplace, W M Pearce

Name of Medical Attendant, or other person who makes this Return, 1235 Gint ave

Address,

Remarks,

1 8 9 7 0 0 0 9 0 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89166

1. Sex, Male No. of Child of Mother, 3
2. Race or Color, White
3. Date, Jan 8th
4. Place of Birth, 908 Ryan St
5. Full Name of Mother, Kate Sweeney
6. Mother's Maiden Name, 4 Stallings
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Sweeney
9. Father's Occupation, Iron moulder
10. Father's Birthplace, Baltimore

Mrs. Mary Horrigan
412 Scott St.

1897000900 2

RETURN OF A BIRTH.

89167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 8 '98
4. *Place of Birth, (Street and Number)* 1800 N. Dallas St.
5. *Full Name of Mother,* Lena Pencil
6. *Mother's Maiden Name,* " Ihl
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* John Pencil
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St.

Remarks,

8970009003

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8. January Baltimore 1898
4. Place of Birth, (Street and Number) 36. Lloyd St
5. Full Name of Mother, Mine Grinwald
6. Mother's Maiden Name, Mine Lewin
7. Mother's Birthplace, Rossia
8. Full Name of Father, Nathan Grinwald
9. Father's Occupation, Tailor
10. Father's Birthplace, Rossia

Name of Medical Attendant, or other person who makes this Return, Tony Silberman

Address, 36 Albemarle St

Remarks,

Wm J. C. Dulany Co., City Printers and Stationers.

8970009004

...shall recur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89169

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 8, 1898
4. Place of Birth, (Street and Number) 735 Robinson
5. Full Name of Mother, Mary Smith
6. Mother's Maiden Name, Mary Miller
7. Mother's Birthplace, Germany
8. Full Name of Father, John Smith
9. Father's Occupation Shoe-maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

8970009005

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 January 1898
4. Place of Birth, (Street and Number) 711 Hoy St
5. Full Name of Mother, Kelly Topolska
6. Mother's Maiden Name, K. Smokowska
7. Mother's Birthplace, Germany
8. Full Name of Father, Wenistaus Topolski
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 S Sun St

Remarks, Baltimore

1897 0009006

Wm. J. C. Dulany Co,. City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The First

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, ~~Balto. City.~~ 8th of January.
4. Place of Birth, (Street and Number) # 617 S Fremont Ave.
5. Full Name of Mother, Carrie Mildred Robertson.
6. Mother's Maiden Name, Carrie Mildred Grube
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, Thomas Washington Robertson
9. Father's Occupation Brass Finisher
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Cross Street

Remarks,

18970009007

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 1st 99 Friday
4. Place of Birth, (Street and Number) 1609 Race St Baltimore Md
5. Full Name of Mother, Lizzie Berger
6. Mother's Maiden Name, Lizzie Heilen
7. Mother's Birthplace, Germany
8. Full Name of Father, Gustav Berger
9. Father's Occupation Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Berger

Address, 711 Cross Street

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 7 0 0 0 9 0 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Jan 9th/98
4. *Place of Birth, (Street and Number)* No. 1715 E. Eager Str.
5. *Full Name of Mother,* Elizzie beth Staib
6. *Mother's Maiden Name,* Flaherty
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John M. Staib
9. *Father's Occupation* Locksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, 1907 E Monument Str.

Remarks,

8970009009

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6]

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5)th

1. Sex, (state whether male or female) Female
2. ~~Race or Color~~, (if not of the white race)
3. Date of Birth, January 9th 1898
4. Place of Birth, (Street and Number) (City) 811 Woodward St
5. Full Name of Mother, Louise Theresa Betz
6. Mother's Maiden Name, Louise Theresa Nickler
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Albert Jacob Betz
9. Father's Occupation (Clerk)
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischoff

Address, No 731 St Peter Str.

Remarks,

1 8 9 7 0 0 0 9 0 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-5-56

89175

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Mae Landon

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Love 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday 9 day ~~[illegible]~~ Selma Place 1898
4. Place of Birth, (Street and Number) 306 Selma Place
5. Full Name of Mother, Iva G Landon
6. Mother's Maiden Name, Iva G. Lidia
7. Mother's Birthplace, Thurmont, Md.
8. Full Name of Father, Robert H Landon
9. Father's Occupation Plummer
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, Wm Ledley

Address, 1004 West Lexington St.

Remarks,

8 9 7 0 0 0 9 0 1 1

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 9/98
4. Place of Birth, (Street and Number) 26 N. Madeira Pl.
5. Full Name of Mother, Annie Mucke
6. Mother's Maiden Name, " Deger
7. Mother's Birthplace, Germany
8. Full Name of Father, Gustav Mucke
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

1897000901 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of a physician or practioner of midwifery, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 9th/98. 3 am
4. *Place of Birth, (Street and Number)* 700 Light St. Cor Hill St
5. *Full Name of Mother,* Rebecca Leiff
6. *Mother's Maiden Name,* Rebecca Noedles
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Jacob Leiff
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* New York N.Y.

Name of Medical Attendant, or other person who makes this Return, A. H. Saxton.

Address, 1136 W Lexington St

Remarks,

1 8 9 7 0 0 0 9 0 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 9th 1898
4. *Place of Birth, (Street and Number)* 513 Exeter St.
5. *Full Name of Mother,* Eva Klavansky
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Nathan Klavansky
9. *Father's Occupation* Peddler
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 122 E. Exeter St.

Remarks,

18970009014

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 9th. 1898
4. *Place of Birth, (Street and Number)* 609 Dolphin St.
5. *Full Name of Mother,* Maggie Forsyth
6. *Mother's Maiden Name,* " Custis
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* ~~Russell~~ George Forsyth
9. *Father's Occupation* Shipping Clerk
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, C. McCook M.D.

Address, 1052 Myrtle ave

Remarks,

1 8 9 7 0 0 0 9 0 1 5

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 9th
4. *Place of Birth, (Street and Number)* 565 Presstman St.
5. *Full Name of Mother,* Cora Lee Freedenberg
6. *Mother's Maiden Name,* " " Carrick
7. *Mother's Birthplace,* Prince Georges Co. Md
8. *Full Name of Father,* William L. Freedenberg
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, W. J. Kasten M.D.

Address, 1841 Pennia Av.

Remarks,

8970009016

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

shall occur without the attendance of a physician or the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GIVEN NAME ADDED 3-16-66

RETURN OF A BIRTH. 89181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William E. Voyce Jr.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, January 9.

Place of Birth, (Street and Number) Baltimore 1966 Hollins St

Full Name of Mother, Carrie Voyce

Mother's Maiden Name, Carrie M. Reisinger

Mother's Birthplace, Baltimore

Full Name of Father, William E. Voyce

Father's Occupation Clerk

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ruth H. Calhoun

Address, No. 124 S. Monroe St

Remarks,

1 8 9 7 0 0 0 9 0 1 7

City Printers and Station

236.]

RETURN OF A BIRTH. 89182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 9 — 1898
4. Place of Birth, (Street and Number) 1735 Fairmount Ave.
5. Full Name of Mother, Eugenie Hanrette
6. Mother's Maiden Name, Borgfeld
7. Mother's Birthplace, Baltimore
8. Full Name of Father, H. J. Hanrette
9. Father's Occupation Salesman
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 427 E. Pratt St

Remarks,

8970009018

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9. January Balto 1898
4. *Place of Birth, (Street and Number)* 916. E. Lambert st
5. *Full Name of Mother,* Feny. Roffel.
6. *Mother's Maiden Name,* Feny. Horowitz.
7. *Mother's Birthplace,* Rossia
8. *Full Name of Father,* Maritz. Roffel.
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Rossia

Name of Medical Attendant, or other person who makes this Return, Feny. Silbermann

Address, 36. Albemarle st.

Remarks,

8 9 7 U 0 0 9 0 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 9th
4. Place of Birth, (Street and Number) 1627 Shakspear St.
5. Full Name of Mother, Annie Novacky
6. Mother's Maiden Name, Pick
7. Mother's Birthplace, Pole
8. Full Name of Father, Joseph Novacky
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 838 S. Bond St.

Remarks,

1 8 9 7 0 0 0 9 0 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 9 1898
4. *Place of Birth, (Street and Number)* Talbott St Waverly
5. *Full Name of Mother,* Hester Brown
6. *Mother's Maiden Name,* " " Boykins
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Nelson Brown
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, #8 Talbott St Waverly

Remarks, Well 8970009021

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 9th 1898
4. *Place of Birth, (Street and Number)* 516 S Regester st
5. *Full Name of Mother,* Emma Albertina Engelhardt
6. *Mother's Maiden Name,* Emma Albertina Pothoff
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Engelhardt
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address,

Remarks, 8 9 7 0 0 0 9 0 2 2

attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the m
any such person or persons who shall hereafter fail to comply w
jected to the fine of ten (10) dollars for each offence, to be recov

Wm. J. C. Dulany Co., City Printers and Stationers

89187

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Femal
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 9th 1898
4. *Place of Birth, (Street and Number)* 1105 Mosher Street
5. *Full Name of Mother,* Bertha Page
6. *Mother's Maiden Name,* Heinichen
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John Marshall Page
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, John Seff M.D.

Address, 7 & N Carrollton ave

Remarks, 1 8 9 7 0 0 0 9 0 2 3

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

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RETURN OF A BIRTH. #9188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* 1/9/98
4. *Place of Birth, (Street and Number)* 809 Parrish Al
5. *Full Name of Mother,* Susan Jackson
6. *Mother's Maiden Name,* Scheels
7. *Mother's Birthplace,* Calvert Co.
8. *Full Name of Father,* Andrew Jackson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, H. Peddicord

Address, 907 Arlington Ave

Remarks, 8970009024

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George William Lynch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 9th 1898
4. *Place of Birth, (Street and Number)* 706 Albert St
5. *Full Name of Mother,* ~~Lilian M. Lynch~~ Lillian M. Lynch
6. *Mother's Maiden Name,* ~~Lillian C. M Goble~~ Lillian C. M Goebel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William ~~[illegible]~~ Price Lynch
9. *Father's Occupation* Comision
10. *Father's Birthplace,* Sharford Co

Name of Medical Attendant, or other person who makes this Return, Mary J Pereguy

Address, 2897 Lanvale St

Remarks, CERTIFICATE CORRECTED 4-19-54

1 8 9 7 0 0 0 9 0 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89190

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Jan 9th 1898.
4. Place of Birth, (Street and Number) 1618 N. Collington Ave.
5. Full Name of Mother, Mary Perry
6. Mother's Maiden Name, Mary Conley
7. Mother's Birthplace, Ireland
8. Full Name of Father, William Perry
9. Father's Occupation Engineer
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E Pregey

Address, 2225 Bank St. City

Remarks, 8970009026

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 84191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 9 / 5. 20. A. M.
4. Place of Birth, (Street and Number) 136 E. Montgomery Street
5. Full Name of Mother, Mary Elizabeth Talger,
6. Mother's Maiden Name, Farrell
7. Mother's Birthplace, Havre de Grace
8. Full Name of Father, Henry Talger,
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kane / for the

Address, Mothers Relief Society / 1412 Eutaw Place

Remarks,

8970009027

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

59192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 9. (12. A. M.)
4. *Place of Birth, (Street and Number)* 116 W. Randall Street.
5. *Full Name of Mother,* Florence Talbert Riter.
6. *Mother's Maiden Name,* Halbert.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* William Howarth Riter.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Hanna / for the

Address, Mothers Relief Society / 1412 Eutaw Place.

Remarks, 1897 0009028

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236]

RETURN OF A BIRTH.

89193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 10. (6. 50. A. M.)
4. *Place of Birth, (Street and Number)* 1510 W. North Ave.
5. *Full Name of Mother,* Mary Elizabeth Kellenburg.
6. *Mother's Maiden Name,* Martin,
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* James Kellenburg.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kanne (for the

Address, Mothers Relief Society) 1412 Eutaw Place

Remarks, 1 8 9 7 0 0 0 9 0 2 9

[illegible] the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89194

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10. January 1895.
4. Place of Birth, (Street and Number) third St. 432.
5. Full Name of Mother, Sophie Strobel.
6. Mother's Maiden Name, " Graber
7. Mother's Birthplace, Germany
8. Full Name of Father, John Strobel
9. Father's Occupation Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, P. Liersemann

Address, No. 1107. Chesapeake St.

Remarks, none

8 9 7 0 0 0 9 0 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 10th 1898
4. *Place of Birth, (Street and Number)* Clifton Ave 2d Door from 9th St Walbrook
5. *Full Name of Mother,* Gertrude M Eichman
6. *Mother's Maiden Name,* Gertrude M Lindsay.
7. *Mother's Birthplace,* Unionville Md.
8. *Full Name of Father,* Frank M Eichman.
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return John I Pennington M.D.

Address, 1716 Linden Av

Remarks, 8 9 7 0 0 0 9 0 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Child day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 10th 1898
4. *Place of Birth, (Street and Number)*	1711 Baker St
5. *Full Name of Mother,*	Mariane O Brien
6. *Mother's Maiden Name,*	Germaine
7. *Mother's Birthplace,*	Port Deposit
8. *Full Name of Father,*	Enoch O Brian
9. *Father's Occupation*	Car Builder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Chas E Sadtler
Address,	1800 Bolton St
Remarks,	1897000902

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 10 1898
4. *Place of Birth, (Street and Number)* 236 S. Edens Av
5. *Full Name of Mother,* Pauline Kramer
6. *Mother's Maiden Name,* " Kuchman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abraham Kramer
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, D Peterson

Address, 1110 N. Fountain

Remarks,

1897000903 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 6th 1898
4. *Place of Birth, (Street and Number)* 720 Stirling st
5. *Full Name of Mother,* Sarahan Trower
6. *Mother's Maiden Name,* Sarahan James
7. *Mother's Birthplace,* Eastern Shore Va
8. *Full Name of Father,* Frank Trower
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Eastern Shore Va.

Name of Medical Attendant, or other person who makes this Return, Maria Wright

Address, 814 Ensor st

Remarks,

1897 0009034

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate in the form of a certificate between the first and shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 10th 98
4. *Place of Birth, (Street and Number)* 2614½ Francis st
5. *Full Name of Mother,* Rena Clark
6. *Mother's Maiden Name,* " Littell
7. *Mother's Birthplace,* Balto County
8. *Full Name of Father,* John Clark
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, L. F. Frey

Address, 2470 Druid Hill Ave

Remarks, 1 8 9 7 0 0 0 9 0 3 5

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 10 — 1898
4. *Place of Birth, (Street and Number)* 2127 Etting St.
5. *Full Name of Mother,* Catherine ~~Washington~~ Johnson
6. *Mother's Maiden Name,* Catherine Washington
7. *Mother's Birthplace,* St. Mary's County
8. *Full Name of Father,* Henry Johnson
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, Matilda Johnson

Address,

Remarks,

1897 0009036

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-25-59

RETURN OF A BIRTH.

89201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillie V. Ensor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 10th. 1898
4. Place of Birth, (Street and Number) 234 S. Calhoun st. City
5. Full Name of Mother, Ella A. Ensor
6. Mother's Maiden Name, Ella A. [redacted] Burdette
7. Mother's Birthplace, Lisbon Howard Co Md.
8. Full Name of Father, Ella A. Ensor
9. Father's Occupation Paper Hanger
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Bertha Weinhardt

Address, 1631. W. Pratt St. Baltimore Md.

Remarks,

1 8 9 7 0 0 0 9 0 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, January 10th 1898
4. Place of Birth, (Street and Number) 1029 Granby St.
5. Full Name of Mother, Eva Miller
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Miller
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Eden St.

Remarks, 8970009038

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 89203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 January
4. Place of Birth, (Street and Number) 1214 Orleans St
5. Full Name of Mother, Lula Osterstock
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Sauer
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulbig

Address, 1302 E Lexington St

Remarks, 8 9 7 0 0 0 9 0 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 January
4. Place of Birth, (Street and Number) 2242 Eric St
5. Full Name of Mother, Louisa (Elen) Ellis
6. Mother's Maiden Name, (Cecka) Czech
7. Mother's Birthplace, Bohemia
8. Full Name of Father, George (Elen) Ellis
9. Father's Occupation Glazier-man
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mary Scott

Address, 828 S. Broadway

Remarks, Full name of child: Geo Wenc. Ellis

1897 0 0 0 9 0 4 0

Shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

NAME CHANGED BY COURT ORDER 8-11-52

89205

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Edgar Jerome Layton First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 10th 1898
4. Place of Birth, (Street and Number) 1600 Oliver st
5. Full Name of Mother, Carrie (Lautenklos) Layton
6. Mother's Maiden Name, Carrie Shipley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Edward (Lautenklos) Layton
9. Father's Occupation Car Code Conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 610 N. Wolfe st

Remarks, 8970009041

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 89206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 10 11 1898
4. *Place of Birth, (Street and Number)* 814 Woodyear St
5. *Full Name of Mother,* Sarah Turner
6. *Mother's Maiden Name,* Sarah Brooks
7. *Mother's Birthplace,* Richmond City Ver
8. *Full Name of Father,* Nathiel Turner
9. *Father's Occupation* Hod carrie
10. *Father's Birthplace,* Essex County Ver

Name of Medical Attendant, or other person who makes this Return, Hester Coleman

Address, 507 Preston St

Remarks, 1 8 9 7 0 0 0 9 0 4 2

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Wht.
3. *Date of Birth,* Jany. 10/98
4. *Place of Birth, (Street and Number)* 1905 Pulaski St.
5. *Full Name of Mother,* Mrs Chas. Potter
6. *Mother's Maiden Name,* Louise Sackman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chas. Potter
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2534 Penna. Ave

Remarks,

8970009043

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 10th 1898
4. *Place of Birth, (Street and Number)*	Johns Hopkins Hospital
5. *Full Name of Mother,*	Lizzie Rush
6. *Mother's Maiden Name,*	"B"
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Lewis
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo W Dobbin
Address,	The Johns Hopkins Hospital.
Remarks,	1897 0009044

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 6-8-84

RETURN OF A BIRTH.

89209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel Victoria ~~Bents~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 10th 1898
4. *Place of Birth, (Street and Number)* 409 N Patterson Park Ave
5. *Full Name of Mother,* Mary ~~Bentz~~ Bents
6. *Mother's Maiden Name,* Hochhaus ~~Hockhaus~~ ~~Ockholz~~
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George ~~Bentz~~ Bents
9. *Father's Occupation* Clothing Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Kron Midwife

Address, 1922 E Fayette Street

Remarks,

18970009045

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 89210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 10 — 1898
4. Place of Birth, (Street and Number) 127 Bank St.
5. Full Name of Mother, Mary Davis
6. Mother's Maiden Name, Dunn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Davis
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 427 E. Pratt St.

Remarks,

1897U009046

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-15-5-9

RETURN OF A BIRTH.

89211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Martha Bank

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore Jan 10, 1898
4. Place of Birth, (Street and Number) No 525 S. Sharp St
5. Full Name of Mother, Elly Bank
6. Mother's Maiden Name, Elly Markell
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Bank
9. Father's Occupation, Pants Manufactury
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, No. 147 N. Exeter St.

Remarks, 8970009047

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

6.]

RETURN OF A BIRTH. 89212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 10 1898
4. *Place of Birth, (Street and Number)* 309 S. Exeter St
5. *Full Name of Mother,* Rebecca Lushman
6. *Mother's Maiden Name,* Lushman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abraham Lushman
9. *Father's Occupation* Presser
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineburg

Address, 25 S. Lloyd St

Remarks, + 8 9 7 0 0 0 2 8 4 8

shall occur without the attendance of a physician or practitioner of Medicine, and the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

892 B

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 10th 1898
4. *Place of Birth, (Street and Number)* 1138 Whatcoat st Balto. City
5. *Full Name of Mother,* Mamie Menskey
6. *Mother's Maiden Name,* Mamie Jackson
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* James A. Menskey
9. *Father's Occupation* Water
10. *Father's Birthplace,* Pikesvill Md.

Name of Medical Attendant, or other person who makes this Return, Maria Jones.

Address, 1337 Whatcoat st

Remarks, None

1 8 9 7 0 0 0 9 0 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.)~~

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth,* Jan 11/98.
4. *Place of Birth, (Street and Number)* 1434 W Broadway
5. *Full Name of Mother,* Martha M Norris
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Geo F Norris
9. *Father's Occupation* Street Iron Worker
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, [illegible] Md.

Address, 1502 W Bond St.

Remarks, 6½ Mos Fortus [illegible]

1847000050

Wm. J. C. Dulany Co., City Printers and Stationers.

89215

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, June 11th 1898
4. Place of Birth, (Street and Number) Franklin Road
5. Full Name of Mother, Bertha Gerken
6. Mother's Maiden Name, Bertha Brandt
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Herman Gerken
9. Father's Occupation Milk Business
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. A. Zepp M.D.

Address, 3058 W. North Ave.

Remarks, 1897 0009051

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

3rd
89216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Children 2nd, 3rd & 4th Triplets

1. Sex, (state whether male or female) Females
2. Race or Color, (if not of the white race) —
3. Date of Birth, Jan. 11th, 1898
4. Place of Birth, (Street and Number) 1379 N. Carey St.
5. Full Name of Mother, Elizabeth Mary Ludwig
6. Mother's Maiden Name, E.M. Smidt.
7. Mother's Birthplace, Germany
8. Full Name of Father, Chas. Henry Ludwig
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. A. Zepp M.D.

Address, 3050 W. North Ave.

Remarks,

1897 0009052

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] child day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 11th 1897.
4. Place of Birth, (Street and Number) 1622 Miller st.
5. Full Name of Mother, Annie S. Reinhard
6. Mother's Maiden Name, " " Albert
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Henry F. Reinhard
9. Father's Occupation Dairy
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Feuby, M. D.

Address, 1219 N. Caroline st.

Remarks, 8 9 7 0 0 0 9 0 5 3

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 11 - 98
4. Place of Birth, (Street and Number) 1723 Ensor St.
5. Full Name of Mother, Elizabeth Hobbs
6. Mother's Maiden Name, E. Viertel
7. Mother's Birthplace, Maryland.
8. Full Name of Father, James B Hobbs
9. Father's Occupation, Engineer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, T K Galloway MD

Address, 318 E Lanvale St

Remarks, 1 8 9 7 0 0 0 9 0 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 11th 1898
4. *Place of Birth, (Street and Number)* S. E. Cor Holins + Fremont St
5. *Full Name of Mother,* Lizzie R. Hibbitts
6. *Mother's Maiden Name,* Lizzie Roache
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George A. Hibbitts
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Thos. P. McCormick M.D.

Address, 1421 Eutaw Place

Remarks, 8 9 7 0 0 0 9 0 5 5

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RETURN OF A BIRTH. 89220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan. 11th, 1898

4. *Place of Birth, (Street and Number)* 916 E. 22nd. St.

5. *Full Name of Mother,* Elizabeth V. Stack

6. *Mother's Maiden Name,* Clark

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Chas. C. Stack

9. *Father's Occupation* Book-keeper

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Walter Bolgiano

Address, 1020 N. Charles St.

Remarks, 1897000090056

Please furnish me with some printed envelopes.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

3.]

RETURN OF A BIRTH. 89221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 11 '98

4. Place of Birth, (Street and Number) #77 Cedar Ave

5. Full Name of Mother, Sarah E Hannon

6. Mother's Maiden Name, " " Bowers

7. Mother's Birthplace, Frederick Co. Md.

8. Full Name of Father, Edward L Hannon

9. Father's Occupation Laborer

10. Father's Birthplace, Charles Co. Md.

Name of Medical Attendant, or other person who makes this Return, Wm H Fahrman M.D.

Address, #102 Chestnut Ave

Remarks, 1 8 9 7 0 0 0 9 0 5 7

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* Jan 4 98
4. *Place of Birth, (Street and Number)* 616 Wallbut St
5. *Full Name of Mother,* Minnie Gentry
6. *Mother's Maiden Name,* Otto
7. *Mother's Birthplace,* Cato Md
8. *Full Name of Father,* Frank Gentry
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1620 Wallbut St

Remarks, ...

8 9 7 0 0 0 9 0 5 8

Shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[236]

... shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child 1898
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11 January
4. *Place of Birth, (Street and Number)*	1745 Charles St
5. *Full Name of Mother,*	Amelia Flam
6. *Mother's Maiden Name,*	Amelia Heselburgerfeger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Flam
9. *Father's Occupation*	Huxter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Elza Brooks
Address,	1828 Light St
Remarks,	Going Well

1 8 9 7 0 0 0 9 0 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

236

[illegible] duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11 January
4. *Place of Birth, (Street and Number)*	831 Light St
5. *Full Name of Mother,*	Katie E Carcoran
6. *Mother's Maiden Name,*	Katie E Muligan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John F Carcoran
9. *Father's Occupation*	Talvanizer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	1828 Light St
Remarks,	Doing Well

1 8 9 7 0 0 0 9 0 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

89225

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 11th 1898
4. *Place of Birth, (Street and Number)* 811 Plowman st.
5. *Full Name of Mother,* Mary Goldstein
6. *Mother's Maiden Name,* " Simon
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Harris Goldstein
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter St.

Remarks,

1 8 9 7 0 0 0 9 0 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who sha'l hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 11th 1858
4. *Place of Birth, (Street and Number)* 818 S Eamon st
5. *Full Name of Mother,* Mary Caroline Mc Donough
6. *Mother's Maiden Name,* " " Albrecht
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Wm A. Mc Donough
9. *Father's Occupation* Ship Joiner
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, W. H. Schwatka M.D

Address, 2425 Fait Ave

Remarks,

84700090062

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 89227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 11 Jan 1898
4. *Place of Birth, (Street and Number)* 184 Old York Road
5. *Full Name of Mother,* Sallie P. Ferguson,
6. *Mother's Maiden Name,* Reese
7. *Mother's Birthplace,* Balto. City,
8. *Full Name of Father,* J. Edgar Ferguson,
9. *Father's Occupation* Clerk,
10. *Father's Birthplace,* Balto. City,

Name of Medical Attendant, or other person who makes this Return, J. S. Ingle M. D

Address, 1007 W. Lanvale

Remarks,

18970009063

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89228

RETURN OF A BIRTH.

... of Registrar of Vital Statistics, Board of Health, Baltimore City.

... other, (state whether 1st, 2d, 3d, &c.) 10

... whether male or female) Female

... (if not of the white race)

3. Date of Birth, Jan 11 — 1898

4. Place of Birth, (Street and Number) 613 N Eolington Ave

5. Full Name of Mother, Sara Weitzer

6. Mother's Maiden Name, Battee

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. Weitzer

9. Father's Occupation Coach Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1421 E. Pratt St.

Remarks,

8970009064

Shall occur without the attendance of a physician or person in attendance in lieu thereof, in the city of Baltimore, it shall be the duty of the physician or person in attendance of a physician, immediately after the birth to file with the Commissioner of Health, a report of such birth, and the Commissioner of Health shall thereupon issue a certificate of such birth to the mother;

1236.]

GIVEN NAME ADDED 7-31-58

RETURN OF A BIRTH. 89229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ruth Marie Lauster

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 11 — 1898
4. Place of Birth, (Street and Number) 302 N. Caroline St.
5. Full Name of Mother, Lizzie Lauster
6. Mother's Maiden Name, Pimpenbrink
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Lauster
9. Father's Occupation Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 7 0 0 0 9 0 6 5

RETURN OF A BIRTH.

89220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14th January

4. Place of Birth, (Street and Number) Thames st

5. Full Name of Mother, Mary Valastrowski

6. Mother's Maiden Name, Mary Polanski

7. Mother's Birthplace, Russia

8. Full Name of Father, Stanislaus Valastrowski

9. Father's Occupation Sawyer

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Jennie Sollers

Address, 1645 Thames st

Remarks, Baltimore City

1897 0009066

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th 7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9th 11th of January 1898
4. *Place of Birth, (Street and Number)*	No 1088 W Fount St
5. *Full Name of Mother,*	Rose C O'Hara
6. *Mother's Maiden Name,*	Rose Mc Carron
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles C O'Hara
9. *Father's Occupation,*	Stray Cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Ch. Lauer
Address,	No 1059 Harford Ave
Remarks,	Bal. Md
	1898

8 9 7 0 0 0 9 0 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Shall occur without the attendance of a physician or practitioner of medicine or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 January
4. Place of Birth, (Street and Number) 730 S. Durham St.
5. Full Name of Mother, Vanda Gola
6. Mother's Maiden Name, Vojewska
7. Mother's Birthplace, Pole
8. Full Name of Father, Felix Gola
9. Father's Occupation Tailor
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pett

Address, 838 S. Broadway St.

Remarks,

8970009068

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. 14

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 11 96
4. *Place of Birth, (Street and Number)* 406 N Pine St
5. *Full Name of Mother,* Elmira M Gault
6. *Mother's Maiden Name,* Elmira M Hill
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Thomas A Gault
9. *Father's Occupation* Hat fitter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Miss Hunter

Address, 23 N Appleton St

Remarks,

1897 00090 69

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Col
3. *Date of Birth,*	Jan 11th 1898
4. *Place of Birth, (Street and Number)*	815 Warren Av
5. *Full Name of Mother,*	Mrs. Katie E Hall
6. *Mother's Maiden Name,*	Katie Washington
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	William Foster
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Calvert County Md
Name of Medical Attendant, or other person who makes this Return,	Margreth Sprigg
Address,	1116 Goodman Av. Balto Md
Remarks,	

8970009070

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89285

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 14 1898
4. *Place of Birth, (Street and Number)*	824 Cannon St.
5. *Full Name of Mother,*	Rose Blumberg
6. *Mother's Maiden Name,*	Rose Steinel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Isaac Blumberg
9. *Father's Occupation*	Shoe-maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary L. Downes
Address,	824 S. Caroline St.
Remarks,	

18970009071

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH.

89286

GIVEN NAME ADDED 11-2-61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Goldie Neistadt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Jan 11 1890.
4. *Place of Birth, (Street and Number)*	229 High St.
5. *Full Name of Mother,*	Beckie W Neistadt.
6. *Mother's Maiden Name,*	" Cohen
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Max Neistadt
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Russia.
Name of Medical Attendant, or other person who makes this Return	Mrs E Scherman,
Address,	42. Allemaile St.
Remarks,	1897 0009072

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 10th
4. *Place of Birth, (Street and Number)* 930 Burgunda St
5. *Full Name of Mother,* Julia Harris
6. *Mother's Maiden Name,* Julia Epping
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Peter E Harris
9. *Father's Occupation* Paver
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Cross Street

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 7 0 0 0 9 0 7 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 12th 1898.
4. *Place of Birth, (Street and Number)* 1637 E Fayette St.
5. *Full Name of Mother,* Annie H. Pebbles
6. *Mother's Maiden Name,* Annie H. Lindeman.
7. *Mother's Birthplace,* Wilmington Del
8. *Full Name of Father,* Charles H. Pebbley.
9. *Father's Occupation* Tin + Sheet Iron Worker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, D-R Hughes M.D.

Address, 811 E Balto St

Remarks, Child Born with non Closure of Ductus Arteriosis

8970009074

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 12 1898
4. Place of Birth, (Street and Number) No. 22 Bartlett ave
5. Full Name of Mother, Bertha Pace
6. Mother's Maiden Name, Bertha Blanche
7. Mother's Birthplace, Germany
8. Full Name of Father, Oscar Ed Pace
9. Father's Occupation Hostler
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Geo. A. Elwell M.D

Address, 1741 Hanover ave

Remarks,

18970009075

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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38.]

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 12, 1898
4. Place of Birth, (Street and Number) 1122 N. Mount St.
5. Full Name of Mother, Carrie Colardeau
6. Mother's Maiden Name, Carrie Colardeau
7. Mother's Birthplace, Cuba
8. Full Name of Father, Francis E. Merril
9. Father's Occupation Grocer
10. Father's Birthplace, Oakland, Md.

Name of Medical Attendant, or other person who makes this Return, G. H. Reading M.D.

Address, 1122 N. Mount St.

Remarks, Mt. Hope Hospital

8970009076

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89241
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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Blanche E. Griffin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 12. January.
4. Place of Birth, (Street and Number) 125. Moreira. Street.
5. Full Name of Mother, Maya Griffin.
6. Mother's Maiden Name, Maya Stickler.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Thomas Griffin.
9. Father's Occupation Clerk.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Kloss.

Address, 2-9. d. Wolfe. Street.

Remarks,

1 8 9 7 0 0 0 9 0 7 7

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 89242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 12 Jan 1898
4. *Place of Birth, (Street and Number)* Church st No 8
5. *Full Name of Mother,* Carrie Reed
6. *Mother's Maiden Name,* Mary Roades
7. *Mother's Birthplace,* Calvert county
8. *Full Name of Father,* Sutton Reed
9. *Father's Occupation,* Any thing he can get to Do
10. *Father's Birthplace,* Calvert County

Name of Medical Attendant, or other person who makes this Return. Rebecca Reed

Address, No 7 E. Hughes st

Remarks, ...

1897 0009078

child to report its birth to the Commissioner of Health, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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BY Linda Waller
(SIGNATURE OF OPERATOR)

DATE 9/21/78

PS – 827

HR - RM 25
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HALL OF RECORDS COMMISSION